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and frage in	8/1059-100	THE VENIE NO	77 242	N. W.
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			reduced.	
the vig passy		rage and the con-		
	Bisservine	the may proved in	Just 2 484 6	2407.5
			San Balance	Taken Transition

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

FOR STATE REGISTRAR		3	DEPARTN		EALTH AND MENTAL HYD ICATE OF DEATH	GIENE REG	NO.		
I. DECEASED NAME	FIRST	MIDDLE		ı	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
(THE SKITHINI)	Dorot	thy	Lamb		ACKLIN	August	6. 1	984	3:00=
3. SEX Female		Cauca	sian	5. DATE C		6 AGE (INVEARS LAST	BIRTHDAY)	MONTHS DAYS	R IF UNDER 24 H
76 BIRTHPLACE (STATE O	OR FOREIGN	U.S.	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CIT		Y OF DEATH	
Lanham	DEATH		H FACILITY, GIVE STREET	ADDRESS)	PR. GEO. CO.	120 USUAL OCCUP			OF BUSINESS (
USUAL RESIDENCE (# NI 130. STATE	13b COUP	YTY	GIVE RESIDENCE BEFORE 131. CITY OR TOWN Mt.Rair	N	13d INSIDE CITY LIMITS?	13. STREET ADDRES	S / ZIP COI	Street	2071
14 FATHER'S NAME	nown)	MIDDLE	LAST		15. MOTHER'S MAIDEN NA FIRST	(Unknown)	t	AST
160 WAS DECEASED EV. (YES, NO OR UNKNOWN)		MED FORCES? /E WAR OR DATES)	578-58		Richard A	cklin -	5823 Hvat	- 31st	Place e Md
18 CAUSE OF DEA	ATH (Enter or	nly one couse per	line for (a), (b), and	d resu				APPRO	NONSET AND DEAT
AKTI. DEATH	IMMEDIA'	TE CAUSE 10)	R AS A CONSEQUE	MINCE OF	WARY ARKE	st Longes	TIVE		

LETASIATICE CARRENTOMS OF CUTERUS to LUNG. Conditions, if ony, which gove rise to immediate couse (a), stating PORTERIO SELENOTIE VATEURAR DISESE underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

216. TIME OF INJURY

HOUR A.M. MONTH DAY YEAR

MEDI		216. PLACE OF INJURY 1 AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	22a.t certify that (1) (this hospital) sow the deceased alive on	1X/c Al. L.	nd that in (my) (our) opinion death oc	curred on the date and ho	/ /	ot (1) (we) lost

DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

23c. NAME OF CEMETERY OR CREMATORY

226. PHYSICIAN'S NAME (TYPE OR PRINT)

190 DATE OF OPERATION

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

Hong L. Tee, M.D. 23a BURIAL, CREMATION, REMOVAL 23b. DATE 22e ADDRESS 3415 Hamilton St., Hyattsville, Md. 20782

200 AUTOPSY?

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NOXX

Buria		Ft.Lincoln Ce		Brentwood		
24 FUNERAL DIRECTOR	Nalley's F.H.	Mt.Rainier, Md.	"AUG"	9 1984 Suna	ISTRARIS SIGNALURE	dell

DHMH - 16 50M 4/83

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FUNERAL DIRECTOR: etoined by the hospital

(VRA 15, 4)

to burial, cremation,

this certificate has been and Mental Hygiene prior iol-tronsit permit.

HOSPITAL OR ATTENDING PHYSICIAN: The low

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of Health

should be detached with the State Dept.

MPORTANT: If he

Perele distribution de June 2, 1 99 de June. . VC SINS description - Provide 14 14 14 . COURS - Carte - Carte - miles Preside Office President

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1	FOR		DE	STA		ARYLAND AND MENTA	LHYGIENE	2 2) 9 0	
	- STATE REGISTRAR		MED	CAL EXAMI	NER'S C	ERTIFICATE	OF DEATH	REG. NO.		
T.	DECEASED NA			AIDDLE		LAST	2a. DATE OF	KNOWN MONT	H DAY YEAR	Zb. HOUR
THE SET OF SET O	SEX	14 RACE	phen S DATE OF BIRTH	C.		GER DER TYR. TIF UND	DER 24 HRS 2c. DAT	MATED LAU	g. 10 19 84	2d. NOUR
22 S S S S S S S S S S S S S S S S S S	Male	White	Aug. 6,19	YEAR LAST BIRTH	YRS.	S DAYS HOURS		INCED	10 19 84	1100
PREST 32	BIRTHPLACE		76. CITIZEN OF WHA	T COUNTRY?	8. MARRIE	D NEVER MA	RRIED	MORE CITY OR COU	INTY OF DEATH	0
	Maryland CITY OR TOW		U.S.A.	TAL NUBSING HOA	WIDOWI			ICE George		14/50.
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ANY DE ANY DE COULD BECORD	ISUAL RESIDENCE 30 STATE Marylane	13b COUN		RESIDENCE BEFORE ADMIS 13c. CITY OR TOWN W. Hyatt		13d. INSIDE CITY LIMITS		RESS Owhatan Ros	Light	
2 SH	4 FATHER'S NAM		MIDDLE	LAST		15. MOTHER'S MA		WIDDLE	LAST	===
AND S	Raymond			Ager		Mattie	1.		Miller	
Sion	WAS DECEAS (YES, NO, OR UNK)		MED FORCES? WAR OR DATES)	579-07-58		Mrs Tro	na A. Ager		dress Sam # 13e.	e as
SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NE ORD. "RENDING". IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUI CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 IS USED AS A BURIAL. "RANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, VI OF HEALTH AND MENTAL HYGIENE, DIVISION OEVITAL RECORDS, 201 W. URIAL, CREMATION, OR REMOVAL.	PART 2 DIHER	o) stoting the under- ause lost. SIGNIFICANT CONDITIONS OF OPERATION	(c)CONTRIBUTING TO DEATH BUILD	NOT RELATED TO THE TEL	RMINAL DISEASE		N PART I (g)		20 AUTOPSY?	
THE CHIEF JID BE USED MENT OF HI TO BURIAL,	TIFIC					to remonition.			YES [NO NO
ARTMEN OR TO 8		NAL CAUSE WAS		VJURY MONTH DAY YEA		W INJURY OCCU	RRED LENTER NATURE OF	NJURY IN ITEM 18 PART 1 OR	PART 2)	
ATE DEP	WHILE AT WORK	OCCURRED NOT WHILE AT WORK	210 PLACE OF STREET, FACTOR	INJURY (AT HOME, IY, FARM, ETC.)	211. LOC	CATION	CITY OR T	OWN	COUNTY	STATE
TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DIAH WITH THE STATE DEPARTMENT BEATTMONE MARYLAND, 21201 PRIOR TO BUILD SHOULD BE AFTER DIAH.	death resu	ilted fram: Notu	ge of the remains descri rol couses , A		Autops	Hamicide SPECIFY	Undetermined r		opinion	2511
ECUTE THE MOSE A SHO NGE A SHO	EXAMINER (TYPE OR P	S NAME DIC	FIAR)	LWH	ELT	Balss 71	OC BOL	Dinois	her Gal	200
	(SPECIFY)	ATION, REMOVAL		23¢ NAME OF C			236 TOCATION CITY OR TOWN		OUNTY Y	of the
DHMH - 17	4 FUNERAL DIR	ECTOR	H. P.A. Hy			25a. DA	TE REC'D. BY REGISTR	ar 25b REGISTRAR	S SIGNATURE	
(VR A15 ME (5)) 20M 4/B2	• -docii	J Joins I'				AUS	10 Ch	dia Davidson	handoll	

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		FOR	25045	STATE OF MARYLAND	. 4 2	2 6 9 1
	1 -	STATE	DEPAR	RIMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 1	
	1.05	REGISTRAR FASED NAME FIRST	MIDDIE	LAST	REG. NO.	H DAY YEAR 15 HOUR
0 WE		OR PRINT)		04 1		
nay be page 3			BELLE	ALLEN		
	3. SE		4. RACE	S DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MI
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4 2 hod 8	1 . 4	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR CO	UNTY OF DEATH
he funeral within 72 h		IRGINIA		WIDOWED DIVORCED	P.G	
by the filled with	H.	YATTS VILLE		SING HOME OR OTHER INSTITUTION RET ADDRESS) ANOR, 6500 RIGGS Rd	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Teacher	(ING LIFE) 12b. KIND OF BUSINESS (INDUSTRY MONT . CO. Pub.
4 havrs	13a S	TATE NIS COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEF JNTY 136. CITY OR TO	ORE ADMISSION)	13e.STREET ADDRESS / ZIP	CODE 9999
in 24 fille shauli shauli	_	.011	9 LAMONT ST,		WASH.DC	. 20010
ad within	14. F.A	THER'S NAME SCOTT	A. Vowels	15. MOTHER'S MAIDEN NA Rachel	Louise Clowe	LAST
5 0		VAS DECEASED EVER IN U.S. A		CURITY NO. 17 INFORMANT	Cou ADDRESS	Allal To Consultation
n and n and medica	'	(IF YES, C	219-3	6-7795 POWELL.F.	ALLENNI4 MAD	20011
ficate b physicio popers. naval.		18 CAUSE OF DEATH (Enter	only one couse per line for (o), (b),	and (cl.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
# rcc>		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (o)	CACHERIA		>14R
ding orbo or re				DUENCE OF		
deat ove ove rian,		Conditions, if ony, which	(b)	OKEAMIL BRAIN	SYN DROME	YEARS
the remo		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEC	DUENCE OF		
that by eose al, cr		underlying couse lost.	(c)			
equires n signed Then pli ta buri njury, o	NO		CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TER/	MINAL DISEASE OR CONDITIO	N GIVEN IN PART 110
prior any i	¥	190 DATE OF OPERATION		CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED
has has	E				YES TO NOT	YES NO NO
SICIAN: The physicic physicic certificate rial-transit ental Hygic frem 18 sho	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY IN II	
Phy Physical		OR CONTRIBUTING CAUSE OF D		DAY YEAR		
0 - 0 - 6		ETTER, POUT T MEDICAL EXPONIT				
d A bus	ĕ	214 INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OF TOWN	COUNTY
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TAL OR ATTENDING PHYSy the hospital ar otherding RAL DIRECTOR After this is detached for use as the bustote Dept. of Health and M. NT. If hem 21 is marked or	23e. (WHILE NOT WHILE AT WORK AT WORK	pital attended the faccoaed from the pital attended from the pi	STREET STREET 19 Lind the letter out opinion DEGRIT ATTENDING PHYSICIAN 22e. ADDRESS 7.00 ONCOME.	death occurred on the date of DIRECTOR PHYSICIAN	19 4, the (i) (we) lost hour and from the couses stated 22c DAYE SIGNED 22c DAYE SIGNED

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Y #BDI-1148 mailin migrat abilingun Female Caucasian (uly 10, 1812 22 Tt. Washington tond: . The dank not not the transfer the time. 11.0. Maryland Charles Harbury C MM P.O. Box 344, 20558 Sharehnigh Mary (Son) ta Plata, Md. Tetas ------ 089-03-3986 Richard E. Allen, F.D. Esk 1781 ojena ". Nejepela, 15.0. ilivia bivingetam [J. 5t. Wash., 16.

Eurial C-15-1980 Teinic en. Gins. Daldorf. Cherles. Disryland

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Donaldson Funeral Home, Laurel, Maryland AUG

	SIMIL OF I	MARILAND	. 6
DEPARTMENT	OF HEALT	H AND MENTAL	HYGIENE
CE	RTIFICAT	E OF DEATH	

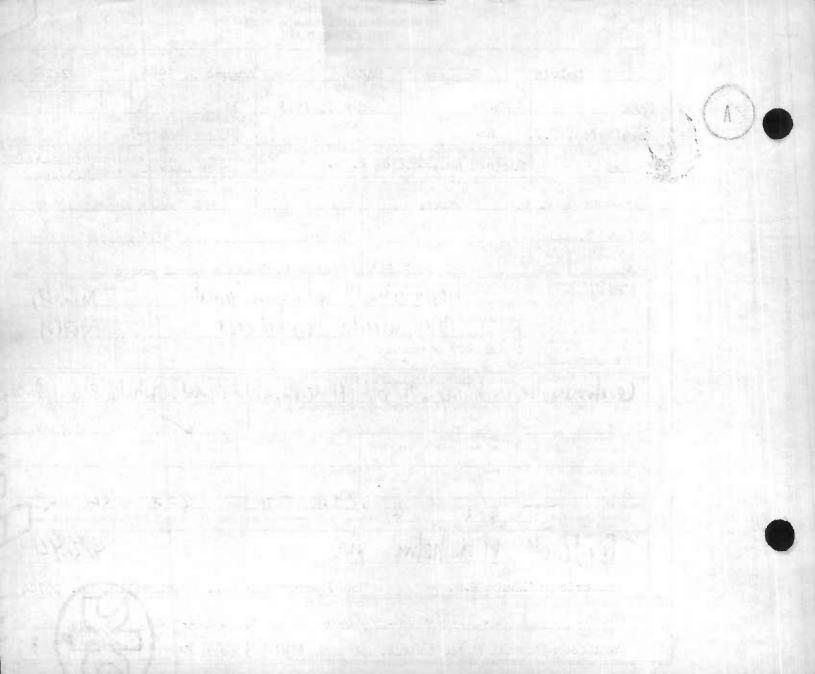
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1 -	STATE REGISTRAR		Dei Altin	CERTIF	ICATE OF DEATH	REG	, NO.		
	OR PRINT	FIRST	WIDDLE		AST	20 DATE OF DEATH	HINOM H	DAY YEAR	26 HOUR
		Melvin	Rauburn	BA	KER	August 3,	1984		2:26P M
3. SE)	(4. RACE	S. DATE (6. AGE (IN YEARS LAS	BIRTHDAY)	MONTHS DAYS	HOURS MIN.
N	lale	-51949	White		ine 5. 1913	71	YRS.		
7a. BII	RIHPLACE (STATE	OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MADDIE	DXX NEVER MARRIED	9 BALTIMORE CIT	_		
u	lashingto	in, D.C.	USA	WIDOW		Prince	Gearge	.' 5	MD.
10 CI	TY OR TOWN OF	DEATH	11. NAME OF HOSPITAL, NURSIN			120 USUAL OCCUP			OF BUSINESS OR
11	.anham		Doctord Hospita	603	P. G.	truck d	river	ovhi	hitons
	AL RESIDENCE IN	NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	13e.STREET ADDRE	SS / ZIP COI	DE	
	Maryland	P.	G. Laurel		YES NO			Avenue	20707
	THER'S NAME		MIDDLE LAST		15. MOTHER'S MAIDEN NA				67
	Robert E				Helena	MIDDE		ardson	31
loa V	AS DECEASED E	VER IN U.S. AR	MED FORCES? 16b. SOCIAL SECU	RITY NO.	17 INFORMANT	AD	DRESS		
,	ES, NO OR UNKNOWN	WW	9 577 38 7	812A	Martha L. B	aker same	as abo	0110	
	18 CAUSE OF D	EATH (Enter an	nly one cause per fine for (a), (b), and		11 h	1		APPRO) BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEAT	H WAS CAUSE	D BY: TE CAUSE (a) HOWT	Uth.	11 WIT & SIAN	1 MINUS		M	IN/K)
	- V-137	W. C.	A 1	NCB OF	1 1 1 1		The state		411
	Canditions, if	any, which	(IB) HYEM	SCIL	uni horast a	15861		V	0111
	gave rise to		DUE TO, OR AS A CONSEQUE	NCE OF					
	underlying co	ause last.	(c)			Beauty			
	PART 2 OTHER S	IGNIFICANI	CONDITIONS CONTRIBUTING TO	DEATH BU	NOT RELATED TO THE TERM	AINAL DISEASE OR C	ONDITION G	EVEN IN PART 1	10' 7
OI	(6/8/2)	DUSIVI	1 MANNILALI WID	100	left sereprive		. Ublh	ruhije Kuly	dr41 \$1540
CA	190 DATE OF OPI	ERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		ES, WERE FINDI	
CERTIFICATION						YES NO		YES 🗌	NO []
	210. ACCIDENT WAS			YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18	8 PART I OR PART 2)	
CAL	(IF EITHER, NOTIFY			19					
MEDICAL	21d INJURY OCC		21e. PLACE OF INJURY LATHOME STREET, FACTORY, OFFICE, F	ARM, ETC }	211 LOCATION STREET	CITY C	RTOWN	COUNTY	STATE
~	AT WORK A	T WORK			1		1	las.	
			tall ottended the deceased from_	all	1/24 19 7t	, to	14	. 19_54.	that (we) last
32)	sow the dec abave, (I) (w	eosed alive an	t) view the body after death.	8-1.0	nd that in (my) (arr) opinion	death occurred an th	e date and h		
m	226. SIGNATURE	1. 1	1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TOTAL	DEGREE	/ MEDICAL S	TAFF	22c DATE	SIGNED
	Ne	NUNU	MANIMINIA	1		DIRECTOR PH	STAFF YSICIAN	0/9	114
	224. PHYSICIAN	SNAME (TYPE O	DR PRINT)		22e ADDRESS			, ,	
	Frede	erick W	ilhelm M.D.		5807 Annapol	is Rd., Hy	attsvi	ille, Md	. 20784
23a. B	URIAL, CREMATIO	ON, REMOVAL		NAME OF	EMETERY OR CREMATORY	23d LOCATION CITY OR TOW	N	COUNTY	STATE
	SPECIFY) Buria	l	Aug. 7,1984 N	1d. V	eterans Cemete	ry Chelt	enham.	Marylar	rd
	JNERAL DIRECTO	R	Andress		25a DA	E REC'D. BY REGIST	AR 25h REGI	STRAR'S SACINA	1
	Vonal	ason Fu	ineral Home. Taur	08. 1	aruland A. S.	THE TABLE	may row	dson-Mana	

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicial should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The lo retained by the hospital or attending physician



1)	1			STATE OF MARYLAND	6.1	9 9 5	9 4
*	h.	FOR STATE	DEPAR	TMENT OF HEALTH AND MENTAL HY	GIENE	6 6 0	
(n)		REGISTRAR		CERTIFICATE OF DEATH	REG. NO	ο.	
(8)		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	
		ELE	ANOR M. E	sallanger	8-2-9	198	11:45 %
0 44	3 SE		4. RACE	5 DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRT	MONTHS DAY	
ge 4		temale	Caucasian	111 25 36	47	YRS	
Po Por		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	
nnerol in 72		Maine	USA	WIDOWED DIVORCED	Prince	George	MD.
in the fe)0 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NUR	SING HOME OR OTHER INSTITUTION PERESNUTSING HOME	128 USUAL OCCUPATION		OF BUSINESS OR HOME
by the	11	aurel	GLNH	Total Stag Monte	TOUSE W	Fe Du	, N HOME
212 d in	USU 13a.	AL RESIDENCE (IF NURSING HOME OR STATE 136 COULT	OTHER INSTITUTION, GIVE RESIDENCE BEF		13e STREET ADDRESS /	ZIP CODE 207	90
within 24 h	1_	HD. P		Park YES NO [14812 LAC	kainana !	STREET
RYL within	14. F.	ATHER'S NAME	MIDDLE 2 AAST A	15 MOTHER'S MAIDEN NA	MIDDLE		LAST
MAR wed w	1	STANley	H WIN	Slow Virgi	Nia	(Ambi	Ridge
MORE, n and co Pages 1		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRE	SS College	PK, MD.
be executor on ond control on ond co		YET NOOR UNKNOWN) (IF YES, GIV	-HOO	52-XITS MAXWELL B	ALLANGER	4812 Lack	wana st
ificate be executed within 24 physicion and completely fille movol.		18 CAUSE OF DEATH (Enter on	ily ane cause per line far (a), (b), D BY:	and ici.	F 0	APPR BETWE	OXIMATE INTERVAL EN ONSET AND DEATH
ST.,			TE CAUSE (a)	to PULMONARY	FAILVI	RE	
on recording to the confiner		The state of the state of	DUE TO, OR AS A CONSEC	DUENCE OF A A A A			
PRESTON ne death ce e ottendin emotion, or r troumatic		Conditions, if any, which	(p) 8000	EN CAKEPIC ID	EHTH		
the the remover the remover the removement the remo		cause (a), stating the underlying cause lost. DUE TO, OR AS A PONSEQUENCE OF A DISTANCE OF A DISTAN					
thot d by eose ol, c		underlying cause lost.	((c)	WHAN DRE	1485		
S, 2	z	PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING 1		MINAL DISEASE OR CONI	DITION GIVEN IN PART	Ito
RECORDS, In the requirement of the prior to be vs any injury.	CERTIFICATION	19a DATE OF OPERATION	COMP HAND	CH OPERATION WAS PERFORMED	200 AUTOPSY?	120b. IF YES, WERE FINI	Dialogues
RECO	J E	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED		IN CERTIFYING CAUS	SES OF DEATH?
A Property	의 등	71g ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21e. HOW INJURY OCCUR	YES NOW	YES DARK OR BARL OR BARL	NO 🗌
		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	CRED TENIER NATURE OF INJUR	IN THEM TO PART I OR PART I	
ON OF dring pl dring pl s certif s certif oursol- Mentol	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e PLACE OF INJURY	211 LOCATION			
PHY rending the bund M	WE	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFIC		CITY OR TO	MN CONNIA	STATE
OIN or of Afte			ital) attended the deceased from	9/30 10 8	13. 8/2	- 10 84	tha (1) we) last
THE STATE OF THE S		sow the deceased alive on	- 7/12 19	UII	death accurred on the do	ate and hour and fram t	
OR AT OR AT DIRECT Sched fi		22b. SIGNA VET	the bady after death.	DEGREE		22c DA	TE,SIGNIA
74 740		YHO M	11/	MA A I ATTENDING	MEDICAL STAF		12/94
O HOSPITAL to HOSPITAL TO FUNERAL should be deterwith the State with the State		224 PHYSICIAN'S NAME (TYPE C	OR PRIMA	22e ADDRESS	DIRECTOR FITTSIC	AIT O	100
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0 to 0 to M	23a	BURIAL, CREMATION, REMOVAL	23b. DATE 23	NAME OF CEMETERY OR CREMATORY	23d LOCATION		10.17 25%
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Casch's Sons F.H. P.A. Hyattsville, Maryland

- STATE

24. FUNERAL DIRECTOR

DHMH - 16 50M 4/82 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2h HOUR

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APPROXIMATE INTERVAL

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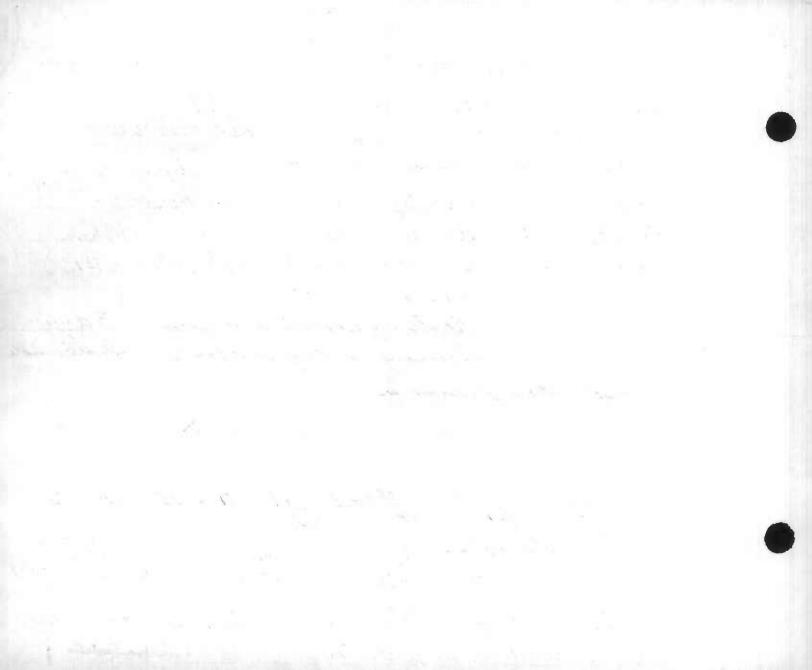
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME O DATE KNOWN MONTH YEAR 7h HOUR LTYPE OR PRINTI ESTI-MARIA FLORINDA BARRETO DEATH MATED 8-22 19 84 6. AGE (IN YEARS IF UNDER 1 YR. SEX. 4 RACE DATE OF BIRTH TEUNDER 24 HRS DATE 24 HOUR LAST BIRTHDAY) PRONOUNCED :10AN FFMALE July 12, 1912 72 YRS HISPANIO DEAD Th. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X PRINCE Columbia. S.A. Columbia, S.A. GEORGES WIDOWED . DIVORCED 2, AND 3 12 13 RETAIN PAGE 5 2 SHOULD BE FILED, TAL RECORDS, 201 W 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 1126 KIND OF BUSINESS 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE OR INDUSTRY RINCE GEORGES GENERAL Domestic Cheverly Domestic 136 COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS College Park 4808 Fox Street 20740 P.G. Co. YES TY NO [] Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME 1 24 HOURS AFTER DEATH.

ITEM 1B. GIVE PAGES 1, 2
ALONG WITH FORM PM.

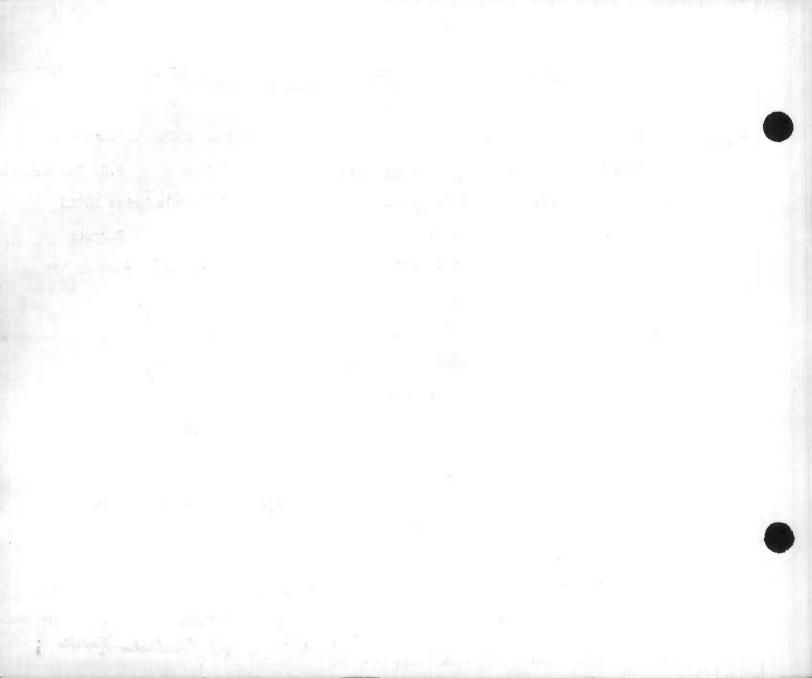
T PERMIT, PAGES 1, AND 2
TOTEM PORTS 1, AND MIDDLE MIDDLE LAST LAST Adolfo Isabel Bonilla Barreto 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 7. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) College Pk Maryland Virgilio Palacios 4808 Fox St. None 070-36-5218 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTÉRVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MULTIPLE INJURIES AND MENTAL HYGIENE, ATION, OR REMOVAL. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 102 CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 8-20-84 CEREBRAL HEMORRHAGE PAGE 4 SHOUID BE FORWARDED TO THE CHI THE **PUNKEAL DIRECTOR**: PAGE 3 SHOULD BE US AFTER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 2[20] PRIOR TO BURI YES -NO X 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING AOR 16 P.M. 8-20 PEDESTRIAN HIT BY CONTRIBUTING CAUSE OF DEATH 8 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK STREET COLLEGE PD Inspection X Inquiry X 22a I certify that I taak charge of the remains described above, held an Autapsy and in my apinian Hamicide Undetermined manner Natural causes Suicide TITLE (SPECIFY) M.D. Deputy 8-22-84 MEDICAL EXAMINER 5009 Rayburn Ct., Temple Hills, Md. Augusto P. Rodriguez. 230 BURIAL, CREMATION, REMOVAL 236 DATE 231 JAME OF CEMETERY OR CREMATORY Aug/27/84 Bogota Cemetery Bogota, Columbia, South America Burial BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) Chambers Funeral Home Riverdale, Maryland 20M 4/82

The same of the sa Displayer University Sec. 10. 1. The control of the Aurusto I. Holmington, b. t. Sono bashgran St., Tomple Hills, Md. 188

	1-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 2 2	2 6 9 /
		EASED NAME FIRST OR PRINT) LEW	VIS E. BEATLEY	tast	20. DATE OF DEATH MONTH	15 84 3 16A M
s ofter do	3. SE)	Malo	7 phitos	S. DATE OF BIRTH MONTH DAY JAN 6 1927	6. AGE (IN YEARS LAST BIRTHDAY) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS. DAYS HOURS MIN.
nerol dire	70. BII	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY		PRINCE GEORGE	
s ofter de by the fur led within		TY OR TOWN OF DEATH	PGG HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	
24 hours	USU/ 130. S	AL RESIDENCE (IF NURSING HOME OF	13 CITY OR TOV		134 STREET ADDRESS / ZIP COL	DE 20784
MARYLAND 2 red within 24 ho ampletely filled is and 2 should b	14 FA	THER'S NAME FIRST	MIDDLE BUTTE	15. MOTHER'S MAIDEN N.		Stephens
BALTIMORE, A cote be execute ysician and car you. vol. t, the medical		AS DECEASED EVER IN U.S. AR	RMED FORCES? 166. SOCIAL SEG VE WAR OR DATES) 578-28	CRITYNO. 17 INFORMANT	Also San San	ne 195 # 13.)
the state of the s		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line (570), (b), o ED BY: TE C AUSE (o)	nd (c.)		BETWEEN ONSET AND DEATH
hot the death cert by the attending of ser remove corban I, cremation, or ret other traumotices		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR ON SERVICE (c)	ENCE OF arting	inferction	3 days Institutioniste
RDS, 20 equires to signed Then pled to burion injury, or	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	min al disease or condition o	IVEN IN PART 110
he low range. Hos bee hos bee hos bee hos bee hos bee hos bee prior ows any	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \[\text{NO} \text{ \text{\ti}\text{\texi\text{\text{\text{\text{\text{\text{\text{\text{\texi{\text{\text{\texit{\text{\text{\text{\texi}\text{\
NG PHYSICIAN: The law requirent that the control of		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE			RRED (ENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART 2)
G PHYSI CONTRACTOR CON	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM, ETC.)	CITY OR TOWN	COUNTY STATE
DR: A		saw the deceased alive or	oitol) attended the deceased from 19 oit) view the body after death.	, and that in (my (our) pinion	, to	, that (we) lost our and from the causes stated
the haspir the haspir at DIRECT et oched for the Dept of		m significan		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF ☑ DIRECTOR □ PHYSICIAN □	22c DAJE SIGNED
O HOSPITAL efoined by th TO FUNERAL should be det with the Store	0	JULIUS A	AUFFMAN.	M.D. 220 ADDRESS L.	ANDOVER X	2D. CHEVERLY
BP	23a }	BURIAL, CREMATION, REMOVAL	18 Aug 84 (NAME OF CEMETERY OF CREMATORY	23d LOCATION CITY OR JOWN	SQUALTY STATE
DHMH - 16 50M 4/B3 (VRA 15, 4)	24. F	UNERAL DIRECTOR	EH, 9013 Anima	olisko imo SEP O	ATE REC'D. BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE



-	FOR STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO.	2 5 9 8
n.e	1. DE CEASED NAME FIRST	WIDDLE	TAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
on the part of the	FRAN		BECKNER	08 18	,,
\cap	Female	White	5. DATE OF BIRTH MONTH DAY YEAR 9 8 1910	6. AGE (IN YEARS LAST BIRTHDAY) 73 YRS	
	76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Washington D.C.	U.S.A.	TRY? 8. MARRIED MEVER MARRIED WIDOWED DIVORCED	PRINCE GEORGE	
A Cher of the chart	CHEVERLY	PRINCE GEORGE	'S GENERAL HOSP.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Dietician	176 KIND OF BUSINESS OR INDUSTRY P.G. Co. Scho
Hilled in Could be	USUAL RESIDENCE OF NURSING HON 130, STATE 130, CO	G. CITY OR COLLE	ge Park YES X NO	13e STREET ADDRESS / ZIP CO 9635 Landola I	Drive 20740
and a substantial of the substan	James	A. Floo	d Maude	MIDDLE	Paggett
Pages 7	160 WAS DECEASED EVER IN U.S.	CIVE WAR OR DATEST	SECURITY NO. 17 INFORMANT 2-5599 Carl A. Be	ckner (Husband)	Same as 13e
there squires that rims. There squires that prior to bursal, co ony missry, as only	PART 2 OTHER SIGNIFICA 190 DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING	NT CONDITIONS CONTRIBUTING	FOURNCE OF CALL CALL TO DEATH BUT NOT RELATED TO THE TER	20a AUTOPSY? 20b. IF Y	GIVEN IN PART TION (ES, WERE FINDINGS USED THY ING CAUSES OF DEATH?
SiCIAN: The Ing physician. certificate has urial-transit per Annol Hygiener item 18 shaws.	OR CO-MARKET CALLES O	FDEATH HOUR A.M. MONTH	DAY YEAR	YES NO RRED (ENIFR NATURE OF INJURY IN ITEM T	YES NO 8 PART I OR PART 2)
DING PHYSIC or ottending I After this cert ie os the burial olth and Ment	WHILE AT WARE A	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OI	FFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTEN TOR. TOR. US of He	22s.1 certify that (1) (this heavy the decembed always of (we) (did) (di	ospital) attented the deceased to on d not) view the body after death.	19 84 . Ind that in (my) (aur) opinion	to 3/8	
그 후 들 등 를 들	1778 PHYSICIAN'S NAME (1	Ludu VPE GR PRINT)	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIAN	172 DATE SIGNED
O HOSPITA trained by O FUNER thought be d	ROBERT RUI	DERMAN M.D.	6201 GREENBE	ELT RD. COLLEGE	PARK, MD 20740
BP	23ª BURIAL, CREMATION, REMO	VAL 236. DATE Aug. 22, 84	23c. NAME OF CEMETERY OR CREMATORY Washington National		P.G. Maryla
DHMH - 16 50M 4/83 (VRA 15, 4)	"Francis Gasch'	s Sons ADD	#124 Datermore WALL	ATE REC'D. BY REGISTE AND	dan-Amarie



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	1-	FOR STATE REGISTRAR			DEPARTA	MENT OF H	EALTH AND	MENTAL HYG	IENE "	REG. NO	2 2	0 9		
		CEASED NAME OR PRINT)	Elsie		ecca		Bille		20. DATE C	3 0 1		DAY YEAR	26. HOUR	
	3. SEX	Temale		4 RACE White	lisk a-so	S. DATE C		1900	6. AGE (IN	YEARS LAST BIRT		MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	
/	7a. BIF	RIHPLACE (STATEC OUNTRY) arvland	OR FOREIGN	White Th CITIZEN OF U. S.	8 MARRIE	8 MARRIED NEVER MARRIED			ORE CITY O		OF DEATH			
	10. CI	ivortownofd iverdale		II. NAME OF I	HEACILITY, GIVE STREET Memoria	ADDRESS)	DOWED DIVORCED Prince Georges OME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIF HOUSE WIFE					126. KIND OF BUSINESS OR INDUSTRY Own Home		
2	130. S Ma	ryland	13b COUP Pr.		13c. CITY OR TOW College	M	YES X	CITY LIMITS?	4716	ADDRESS				
2.	14 FA	William		MIDDLE	Hessie			ROSE	ME	MIDDLE		Moble	ey	
	[A	/AS DECEASED EVE es, no or unknown) NO		MED FORCES? E WAR OR DATES)	578-26-		John 1		e - So	810° n Gait	Jonke herst	er Couri. ourg, Maryland APPROXIMATE INTERVAL BETWEEN ONSE! AND DEATH		
		Conditions, if or gave rise to it couse (a), sto underlying cou	IMMEDIAT	DUE TO, O	R AS A CONSEQUE		rigoc	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	any	<i></i> , <i></i> ,	<i>5</i> 4			
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	ERTIFIC	21g. ACCIDENT WAS I	INDERLYING [1 216 TIME C	21b. TIME OF INJURY			N ILIRY OCCUR			YING CAUSES	NO [
	MEDICAL C	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 71d. INJURY OCCURRED WHIE NOTIWHIE AL WORK AL WO			M. MONTH DA M. OF INJURY	19	Y YEAR 19 211 LOCATION			CITY OR TOWN			STATE	
	×	270.1 certify that (I) (this hapital) attended the deceased from \$2.5, 19.84, to 3.0 1 saw the deceased gliveon obove, (I) (we) (did) (did not to body after death).									that (It (we) last			
1		226 SIGNA WIR	Qa	12	-		DEGREE	ATTENDING PHYSICIAN	MEDICAL	STAF	F IAN []	Aug.	30,1984	
1) .	0.		THE ADDRESS			0.00	P.	1100 D.		

should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal TO FUNERAL DIRECTOR: After this certificate hos been BP.

signed by the ottending physicion and completely filled in by the funeral director, page 3 hen please remove carbon papers. Pages 1 and 2 should be filed within 72 hours ofter death

injury, or other troumotic event, the

9-1-1984 74 FUNERAL DIRECTOR
F. Gasch's Sons, P.A. Hyattsville, Maryland DHMH - 16 50M 4/83 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL BURIAL

23¢ NAME OF CEMETERY OR CREMATORY

23d. LOCATION
CITY OF TOWN
Brentwood Lincoln Cemetery Br Pr. Geo.

REGISTRAR 256, REGISTRAR'S SIGNATURE

236 DATE

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b-1/	11	1.	FOR		D	STATE OF	MARYLAND TH AND MENTAL I	HYGIENE 2 2	104
VI	0	11.	STATE REGISTRAR		MED	ICAL EXAMINER'S	CERTIFICATE C	OF DEATH REG. NO.	
	70		CEASED NAME	Lawrence	7	Francis B	OWLES	20. DATE KNOWN OF ESTI- DEATH MATED	MONTH DAY YEAR IN HOUR
	(Name of the last	3. SE	Take W		OF BIRTH DAY	6. AGE (IN YEARS IF	UNDER 1 YR. IF UNDER		8-2/ 1927 8-2/ 198
1000	STALL Y	70. B	RTHPLACE (STATE OR DREIGN COUNTRY)	7b. CITIZE		AT COUNTRY?	RRIED NEVER MARE	BALTIMORE CITY OR	COUNTY OF DEATH
	IS NECE E FUNE E 5 FO ED, WIT	Wa	shington.	DC U.	S.A.		OWED DIVOR	- bhr in	ewges MD.
	PESES!	10.0	IN OR TOWN OF DE	ATH 11. NAME	OF HOSP	VITAL, NURSING HOME, OR O VITY, GIVE STREET ADDRESSIVE C	THER INSTITUTION	12a USUAL OCCUPATION (TYPE (FOR MOST OF WORKING LIFE)	or work 12h KIND OF BUSINESS OR INDUSTRY echnician Bendix
=	PA HOURS AFTER DEATH. IF ANY DELAY TEM 18. GIVE PAGES 1, 2, AND 3 TO TONG WITH FORM PM. 3. RETAIN PAFEMIT, PAGES 1 AND 2 SHOULD BE FAIENE, DIVISION OFWITAL RECORDS, 2 VAL.		AL RESIDENCE (IF IN N			E RESIDENCE BEFORE ADMISSION)	had the late of the later	13e. STREET ADDRESS	Field Engine-
2120	A ANY RETA ANY			Prince Geor	ge's	Forestville	YESX NO	2902 Logan Stre	et (20747)ering
MD.	H. IF	14. F	ATHER'S NAME	MIDDLE		LAST	15. MOTHER'S MAID		LAST
ORE,	DEAT AND		awrence R.					eth Sommer	
BALTIMORE	TER DE FORM FORM JON OF	- (rES, NO, OR UNKNOWN)	(IF YES, GIVE WAR OR DATE	ES?	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	
BAL	S AFT GIVE /ITH F PAGE IVISIO		(es	TH (Enter only one cous		579-30-3547	Mary Eliz	abeth Bowles - S	Same As #13 A-E
RDS, 201 W. PRESTON	SHOULD BE EXECUTED WITHIN 24 HO ORD "PENDING" IN PENCIL IN ITEM I CHIEF MEDICAL EXAMINER ALONG E USED AS A BURIAL-TRANSIT PERMI T OF HEALTH AND MENTAL HYGIENE, URIAL, CREMATION, OR REMOVAL.	-	Conditions, if gove rise to couse (o) statin lying couse lost	any, which immediate g the under DUI	(b) E TO, OR A	AS A CONSEQUENCE OF			
RECORDS	PEND PEND PAS DAS L, CRE	CERTIFICATION	190. DATE OF OPER	ATION 19h	CONDITI	ON FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?
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DIVISION OF V	FICATE TO THE WOOD TO THE MOULD B ARTMEN OR TO B	MEDICAL CER	210 EXTERNAL CALL UNDERLYING CONTRIBUTING	OR CAUSE OF DEATH	P.M.	MONTH DAY YEAR 4 3	HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 PA liétel	
DIVI	E, WRITING RWARDED PAGE 3 SH STATE DEP	WE	WHILE NO			Pr. FARM, ETC.)	702 togen	Street Suit/a	ud Pr Gestgs STATE
•	EXAMINER: CERTIFICATE ULD BE FOR DIRECTOR: I, WITH THE S MARYLAND,	3	220 I certify that death resulted from ACTUAL SIGNATURE	t I took charge of the rer m: Natural causes			Hamicide TITLE (SPECIFY) M.D. Deputy	Undetermined manner ,	DATE 8-21-84
	TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNERAL BATTMORE,		(TYPE OR PRINT)	Mugusto P.	Rod	riguez, M.D.		ayburn Ct., Temp	ole Hills, Md.
		1	SPECIFY)	REMOVAL 23b DATE	24	23c. NAME OF CEMETERY		23d LOCATION CITY OF TOWN	COUNTY STATE
	BP		UNERAL DIRECTOR	Lee Funeral	Hom	a The	Vecerans Ce	recob By registrar 256 registrar 256 registrar	FRAR'S SIGNATURE
	DHMH - 17 (VR A15 ME (566)					Clinton, Mary	land AU	G 3 0 1984	action-Mandelle
	20M 4/82								

American and transfer to be a set of the little of the second of the sec Make White 3-15 8" 2 The state of the s JUTHILA IN THE PROPERTY OF THE PARTY FOR Johnson By A John Jan Jan Jan Jan Jan · writero . Rodrigder, J. J. Sono aveyon Mt. . Comple Hills. NO.

ı	1 - S	TATE EGISTRAR			DEPARI		ICATE OF DEATH	Chicus	REG. NO				
ì	1. DECE	ASED NAME	FIRST		MIDDLE	L	AST	20. DAT		MONTH DAY	Y YEAR	26 HOL	JR
1	(TYPE OR	PRINT) KAT	HER	INE	E.	BRA	DLEY		AUG	, 12	1984	73	AM
1	3 SEX		0.11	RACE			OF BIRTH	6. AGE	(IN YEARS LAST BIRT		UNDER TYEAR	IF UNDER	24 HRS MIN.
		`emale		Whit		Oc1			85	YRS.		HOURS	MIN.
2		HPLACE (STATE OF F	OREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8 MARRIE	D NEVER MARRIED	9 BALT	IMORE CITY O	R COUNTY O	FDEATH		
2	Vir	ginia		U.S.		WIDOWE	D DIVORCED				Geo.		MD.
1		or Town of DEA		(IF NOT IN SUC		TAL, NURSING HOME OR OTHER INSTITUTION ITY, GIVE STREET ADDRESS) L Manor 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Ret. Music Te						F BUSINI	ESS OR
	13e STA	RESIDENCE (# NURSI TE Id.	13b COUN	Geo.	GIVE RESIDENCE BEFO 13c. CITY OR TOV Tyattsv	WN	13d. INSIDE CITY LIMITS?		EET ADDRESS /		le Ro	d.	0.0
	14 FATH	IER'S NAME		9 1 1 1 1 1			15 MOTHER'S MAIDEN	NAME				207	02
1		George		F.	Bradle	-	Catheri	ne	E.		hert		
1		WAS DECEASED EVER IN U.S. AF								-Rua			
4		No		- 578-54-967]A George J. Bradley Ber						Berv			
	18	PART I. DEATH W	AS CAUSE	nly ane cause per D BY: TE CAUSE (a)	Cerebr	al t	trombose	-			BETWEEN O	hour	RVAL DEATH
		DUE TO, OR AS A CONSEQUENCE OF											
	6	Canditians, if any, gove rise to imm cause (a), statin underlying cause	nediote g the	DUE TO, O	a New	JENCE OF	rsis i glad	ral.	Part of		(an	7	
	CERTIFICATION 1361	ART 2 OTHER SIGN	LOST .	CONDITIONS CO	Heart	D is	NOT RELATED TO THE TE	RMINAL DIS	EASE OR CON	DITION GIVEN	IN PART 10	o .	
7	A 190	DATE OF OPERAT	ION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20o	AUTOPSY?		WERE FINDIN		
	THE							YES	□ NO□	YES	_	NO [_
1		OR CONTRIBUTING C	AUSE OF DE	AID.		DAY YEAR	21c. HOW INJURY OCC	URRED (EN	ER NATURE OF INJUR	Y IN ITI M IS PAR	T I OR PART 2)		
	WEDICA 1	WHILE NOT WH	RED	21e. PLACE		211 LOCATION			CITY OR TO	TOWN COUNTY STATE			STATE
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	7	A SIGNATURE	R	the body	after death.	mo	DEGREE ATTENDING				22¢ DATE	SIGNED	PLX
S	1	PHYSICIAN'S NA	AME (TIPE C	man	7	//////	PHYSICIAN 27e ADDRESS	DIREC	TOR PHYSIC	IAN [1	11/	7
	23a BUR	RIAL CREMATION	REMOVAL	73b. DATE	236	NAME OF C	EMETERY OR CREMATOR	Y 23d I	OCATION				

DHMH - 16 50M 4/83 (VRA 15, 4)

(SPECIFY)
Burial
24 FUNERAL DIRECTOR Nalley's F.H.Inc. Mt. Rainier, Md.

8-24-84

Mt. Olivet Cem. Washington, D.C.

BP.

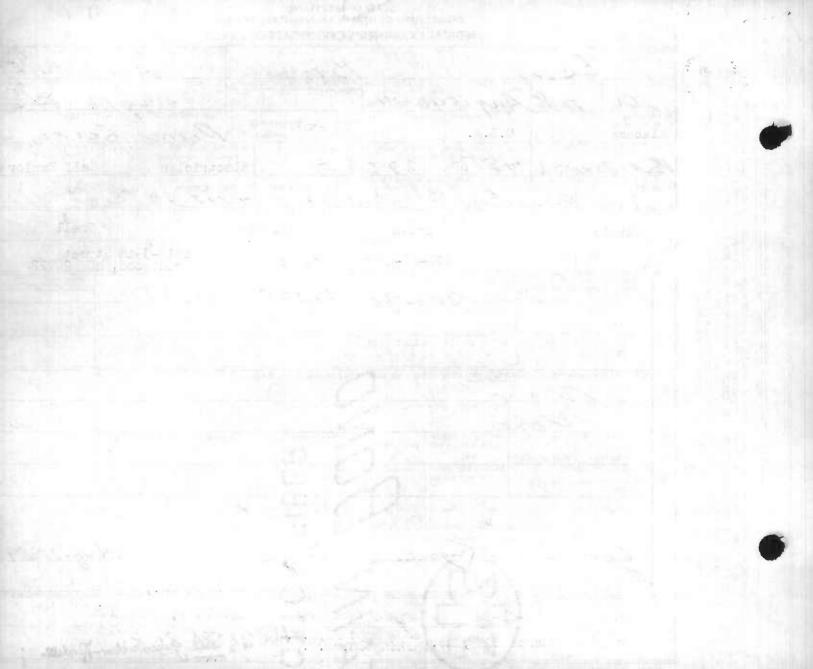
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH 2b. HOUR DAY I. DECEASED NAME (TYPE OR PRINT) August 27. Paul D. Brannon 1984 6:00A M IF UNDER 24 HRS 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR 3. SEX February 25,1910 HOURS White Male 74 9. BALTIMORE CITY OR COUNTY OF DEATH In RIRTHPLACE ISTATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED MEVER MARRIED South Carolina U.S.A. Prince Georges WIDOWED DIVORCED | ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Printing Spec'st Mavy Dep't 7705 Finns Lane Lanham USUAL RESIDENCE (IF NURSING NOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 20706 LI31 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 113d. INSIDE CITY LIMITS? Pr. Geo. 7705 Finns Lane Maryland Lanham YES IX 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Harrison Thomas H. Brannon Mary ADDRESS 16h SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 578-22-2316 Nancy E. Brannon, Wife, Same as 13e No 4 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY 0 IMMEDIATE CAUSE (a ers Canditions, if any, which gave rise to immediate 80 cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF 0 underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? ner NON NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) Exam HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 HE FITHER NOTIFY MEDICAL EXAMINER) P.M 211. LOCATION 21e PLACE OF INJURY 21d INJURY OCCURRED COUNTY CITY OR TOWN AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 22a L certify that (1) (this hospital) attended the deceased from. saw the deceased alive on above, (1) (we) (did) (did not) view the body after death. and that in (my) (aur) apinian death occurred an the date and have and Iram the causes stated ·H 7 DEGREE 22c. DATE SIGNED 22b. SIGNATURE ATTENDING August 27, 19 id be deta PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS Hema P. Yadla M.D. 7726 Finns Lane, Lanham, Maryland 20706 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a BURIAL CREMATION, REMOVAL 23b. DATE STATE Burial 8-29-1984 Ft. Lincoln Cemetery Brentwood Pr. Geo. Md. 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 F. Gasch's Sons, P.A. Hyattsville, Md. Aligan (VRA 15, 4)

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	ATTENDED !	3. SEX	4 RACE	DATE OF BIRTH	YEAR LAST BIRTHDAY) MON		R 24 HRS. 2c. DATE	MOND DAY YEAR 2d HOUR
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	S NECESSAR FUNERAL DI 5 FOR YOU, WITHIN 7 W. PRESTO	FOI	REIGN COUNTRY)	U.S.A.	MAR	RIED NEVER MARR		Gerver MD
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E, MD.	DEATH. IF GES 1, 2, M PM 3. AND 2 SI OFVITAL	14. FA	THER'S NAME FIRST Jessie	MIDDLE	Brown	15. MOTHER'S MAID!	EN NAME MIDDLE	Snell
BALTIMORE, MD. 2120	AFTER IIVE PA HI FOR AGES I	{YE	VAS DECEASED EVER IN U.S. AR	WAR ORD ATEST	66 SOCIAL SECURITY NO. 424-46-4166	Ida Brown	4.515_30	th Street od. MD 20722
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	MECUTED WITHIN IG." IN PENCIL IN ALL EXAMINER A BURIAL - TRANSIT AND MENTAL HYDRAN AND MENTAL HYDRAN OR REMCATION, OR REMCATION, OR REMCATION ATION.	N	IR CAUSE OF DEATH (Enter an PART I DEATH WAS CAUSE IMMEDIA Conditions, if any, which gove rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS	D BY: ITE CAUSE (a) DUE TO, OR AS (b) DUE TO, OR AS (c)	A CONSEQUENCE OF		ARTICAL ARTICAL	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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N OF VI	THE WORD THE CHIE SULD BE US STANENT OF SIZE O	AL CERTI	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		ONTH DAY YEAR	10W INJURY OCCURRE	ED LENTER NATURE OF INJURY IN ITEM 18 PA	YES NO DART 1 OR PART 2)
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•	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDIN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDIC TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A AFTER DEATH, WITH THE STATE DEPARMENT OF HEALTH BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREM		ACTUAL SIGNATURE	arol couses Ac	ed above, held an Auto	hpsy , Inspection , Homicide , TIPLE (SPECIFY)	Undetermined manner ,	DAIS 17 /7/9/4
	A SECURE		(THE OKTRITT)	n Rogers				Silver Springs
	BP	(5	Burial	236 DATE 8-21-84	Harmony Ce	metery	Landover, Mar	
	DHMH - 17 (VR A15 ME (5))	24 FU	INERACTOR Fune	eral HOME; In	nc. 4339 Hunt Washington	P1, N. E. A. O. D. C.	24 1984 Julia Da	TRAR'S SIGNATURE
	20M 4/82				21)019	- JAN 0	



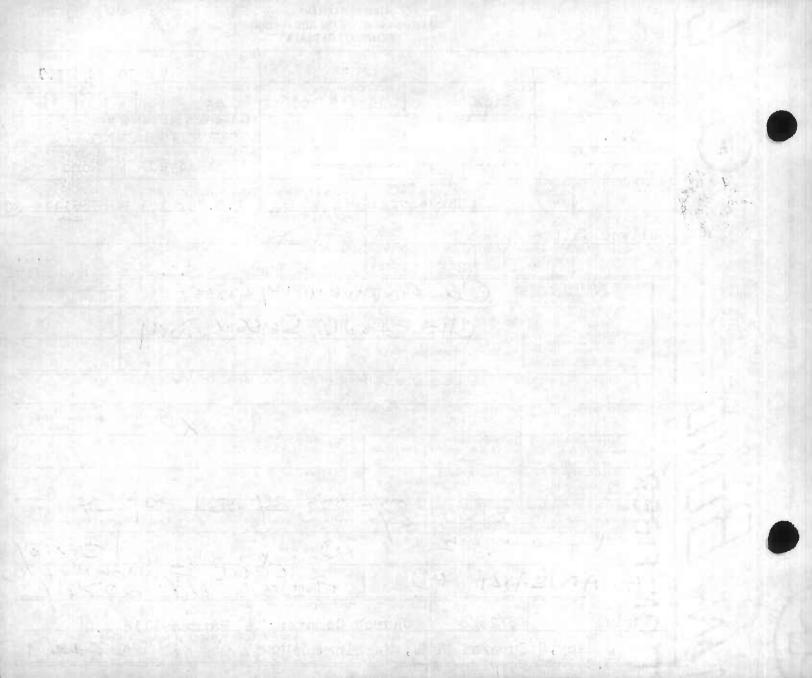
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STATE OF MARYLAND

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-FLOSSIE MARY DEATH MATED 10 84 BUCKNER 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. DATE 80 YRS. PRONOUNCED Female White May 29, 1904 7a BIRTHPLACE (STATE OR L CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED North Carolina U.S.A. WIDOWED XXX DIVORCED Prince George's 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
4503 Danville Road OR INDUSTRY FOR MOST OF WORKING LIFE) Brandvwine Homemaker Home 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Prince George's Brandvwine 4503 Danville Road (20613) Maryland YESTAX NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Hiram King Pace Mamie Ward 17. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. N/A 579-05-0343 D No Mae M. Pace - 7508 Glade Dr., Ft. Washing 18. CAUSE OF DEATH (Enter anly ane cause per li no selesofie Cardiovascular derea PART I DEATH WAS CAUSED BY: Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 710 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection X 22a. I certify that I taak charge of the remains described above, held an Hamicide ____ Undetermined manner Deputy 8/28/1984 MEDICAL EXAMINER ADDRES 5009 Rayburn Ct., Temple Hills, Md. Augusto P. Rodriguez, M.D. NAME OF CEMETERY OR CREMATORY STATE August 29, 1984 Lee's Crematory Clinton, Maryland Cremation 24. FUNERAL DIRECTOR Lee Funeral Home, Inc. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Old Alexander Ferry Road, Clinton, Maryland (VR A15 ME 663. 20M 4/B2

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICAT REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN PA 26. HOUR TYPE OR PRINTI Butler ESTI-Annie R. DEATH MATED 19 4. RACE 3 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. TIE LINDER 24 HRS DAY 2c. DATE 6-1 3-37 PRONOUNCED 1.84 female black. DEAD hours YRS BIRTHPLACE (STATE OR TE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Prince Georges South Carolina DIVORCED USA WIDOWED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE! Prince Georges Doctors Hospital Coadings GOV UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3n STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 320 34th Street, S.E. Washington, D.C. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIODLE LAST MIDOLE Furman Butler Mary Fuller ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR OATES) 579 50 8010 | Sible Serio-sister-308 Center Stre no Annapolis 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) Hypertensive cardiovascular disease PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In Mellitus Diabetes CERTIFICATION 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗍 NOT 3 SHOULD BE DEPARTMENT 21a EXTERNAL CAUSE WAS 216 TIME OF INILIRY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LATHOME. 21d. INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY STATE TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, POGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2 220. I certify that I took charge of the remains described above, held an Autopsy and in my opinian Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) DATE 8-18-84 Deputy SIGNATURE 5909 Rayburn Ct. Camp Springs, Md.20748 EXAMINER'S NAME. M .D. Rodriguez, (TYPE OR PRINT) Augusto P Harmony Memorial Park Landover, Md. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE M-MAH - 17 Benning Road IN (VR A15 ME (5)) 20M 4/B2

March and the 1887 To England

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCHENE

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2	diam	8		

	1 -	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.					
		CEASED NAME FIRST FREDER	ICK WILLIAM		HOUN	2a. DATE OF DEATH MONTH	DAY YEAR	26. HOUR 4:30AM			
	3. SEX	Male	4. RACE White	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAY				
)	C	Alabama	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED WIDOWEL		7	PRINCE GEOR	GES COUN	ITY MD.			
_	1	TY OR TOWN OF DEATH CHEVERLY	11. NAME OF HOSPITAL PRENOE - GEOR	GES GENER	AL HOSPITAL	12a. USUAL OCCUPATION Appe of work for most of work Ret. Attorney	2	enue Servi			
	13a. S Ma	aryland Prin	ITY 13c. CITY	OR TOWN ttsville	100 400	13e.STREET ADDRESS / ZIP 5725 43rd A	CODE Lvenue 2	20781			
L	(George W.	Calho		Alice	WIDDIE	Curley	LAS?			
	16a W	VAS DECEASED EVER IN U.S. ARI		1AL SECURITY NO. 44 4225	David W. Calhe	oun College	Park, Md				
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
3	CERTIFICATION	Metasl 19a pate of OPERATION July 1 9, 198 21a ACCIDENT WAS UNDERLYING	4 Porfore	epoloc RWHICH OPERATIO 2000	IN WAS PERFORMED 10. UCQ 121c HOW INJURY OCCURR	YES NOTE IN	IF YES, WERE FINIS CAUS	NO [
,	MEDICAL O	OR CONTRIBUTING CAUSE OF OFA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	all a		211 LOCATION STREET	CITY OR TOWN COUNTY STATE					
		220.1 certify that (1) (this haspital) attended the deceased from									
	22.0	DON B.	CAMEI		CHEVE	RCY M	D, ZC	5785			
		Burial, Cremation, Removal	236. DATE 8/7/84		ncoln Cemeters	y Brentwood	P.G.	Maryland			

DHMH - 16 50M 4/83 (VRA 15, 4)

Francis Gasch's Sons Funeral Home, P.A. Hyattsville, Md. 20781

P.G. Maryland Ft. Lincoln Cemetery BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	1.	FOR STATE REGISTRAR	DEPART	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.					
(B)	1. DE	CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR	
		ORPRINT) FRAN	ICES M.	(CARTER	08	1584	12:10 AM	
ou a	3 SE	X	4 RACE	5. DATE		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS	
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P 20 0	7a B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COU	^ .		
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ofter of with did with	10 C	ITY OR JOWN OF DEATH	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET		111100	Telephone		eleusiness or nications	
or of the fill	USU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION)	d. HOSPITA			itcactoris	
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the Ash	_	ATHER'S NAME	eorge si capitor	nergi	15 MOTHER'S MAIDEN NA		veriue (2)	3/43/	
Plets and 2	1 .	rancis M. Walla	MIDDLE LAST		Pobogga	MIDDLE	Di also		
Com		WAS DECEASED EVER IN U.S. AR		JRITY NO	Rebecca	ADDRESS	Dicks)[1	
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cote b copers copers copers copers		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), ai	0.00	2=		APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH	
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Y the Y the deto		SMA	adde	MA	PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	90	404	
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5 5 5 4 3 3	23o	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF	CEMETERY OR CREWATORY	734 LOCATION /			
BP		(SPECIEV)	ugust 17, 1984 F		incolnCemetery	Brentwood, M	aryland	STATE	
DHMH - 16 50M 4/83		UNERAL DIRECTOR Lee	Funeral Home, I	nc.	25a DAT	E REC'D. BY REGISTRAR 256, REC	SISTRAR'S SIGNA	URB ndall	
(VRA 15, 4) 6633	0]	d Alexander Fe	cry Road, Clinto	n, Ma	ryland A	UG 1 7 1984 J			

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYDIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH DECEASED NAME 2h. HOUR (TYPE OR PRINT) JAMES G. CATE 08 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS 3 SEX 4 RACE Male White Sept. 8, 1920 O. BIRTHPLACE ISTATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY U.S.A. PRINCE GEORGE'S COUNTY Massachusetts WIDOWED | DIVORCED | & CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR INDUSTRY Anne TYPE OF WORK FOR MOST OF WORKING LIFET CHEVERLY PRINCE GEORGE'S GENERAL HOSP Arundel Co. School Teacher USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION School System 13e.STREET ADDRESS / ZIP CODE 13h COUNTY 13g. STATE 13c CITY OR TOWN 113d INSIDE CITY LIMITS? 5608 61st. Place 20737 Maryland Riverdale P.G. YES TX NOF 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Malcolm S. Cate Williams Helen ADDRESS Address Same as 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT WW II LYES NO OR UNKNOWNS 015-16-1286 Mrs. Lorraine G. Cate No# 13e. Yes-Army APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I, DEATH WAS CAUSED BY PNEUMONIA RIGHT LUNG IMMEDIATE CAUSE (B) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which CHRONIC RENAL FAILURE gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES X NO YES TX 21a: ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

> (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY ONE STREET FACTORY OFFICE FARM ETC 1 NOT WHILE

211 LOCATION

CITY OF TOWN

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22r DATE SIGNED ATTENDING MEDICAL

DIRECTOR PHYSICIAN

STAFF

220.1 certify that (I) (this haspital) attended the deceased from

22e. ADDRESS

23e BURIAL, CREMATION, REMOVAL Cremation

above (1) (will third third

234 NAME OF CEMETERY OR CREMATORY

23d. LOCATION

24 FUNERAL DIRECTOR

Gasch's Sons F.H. P.A. Hyattsville, Maryland

Aug. 14.1984 Ft. Lincoln Crematory Brentwood Maryland REGISTRAR 256. REGISTRAR'S SIGNATURE

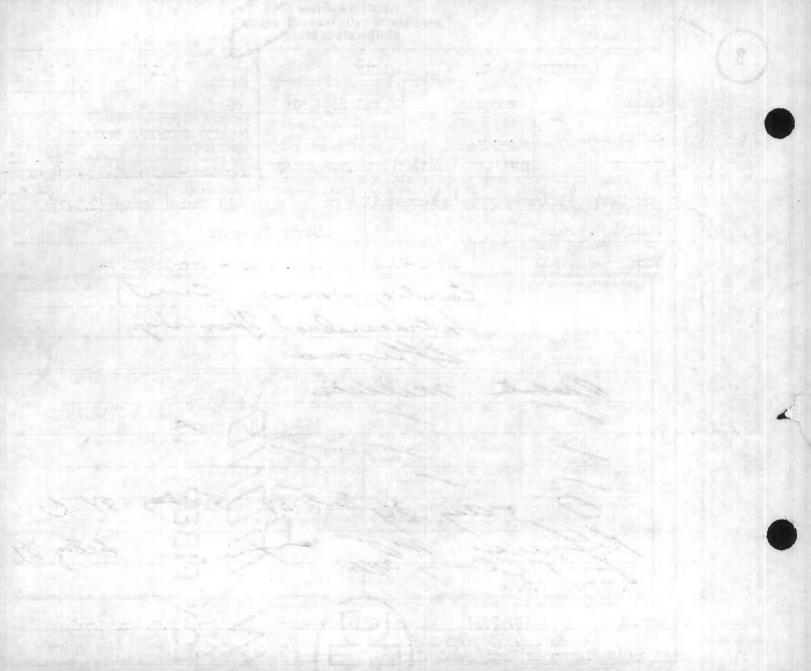
DHMH - 16 50M 4/83 (VRA 15, 4)

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	1	FOR - STATE		DE	PARTMENT OF		ENTAL HYG	HENE 4 2	2 1		3
		REGISTRAR			CERTII	ICATE OF DE	EATH	REG. NO.			
6 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		CEASED NAME FIRE	ILDRED	MIDDLE	C	HASE	-	29. DATE OF DEATH MO	DAY 4	84	937 A
ge 4 oy be ector, page 3	3. SE	×	1. RACE	DI AOK	5. DATE O		YEAR 2/	6. AGE (IN YEARS LAST BIRTHDA	MONT	HS DAYS	IF UNDER 24 HRS HOURS MIN.
Pogarie dire	7a. B	FEMALE IRTHPLACE (STATE OR FOREIG	ON 76. CITIZEN C	BLACK OF WHAT COU	NTRY? 8.			9 BALTIMORE CITY OR C	OUNTY OF	DEATH	
n 72 l	M	ARYLAND	U.S.	Α.	MARRIE	DEVER M	ORCED	PRINCE GEOR	GES		м
a de la		ITY OR TOWN OF DEATH	11, NAME C	OF HOSPITAL, N	TURSING HOME	- Inquid		12a USUAL OCCUPATION			BUSINESS OF
by th	CH	HEVERLY	PRINCE	SUCH FACILITY, GIV	ES HOSPI	ΤΔΙ		HOUSE WIFE		PRIVA	TE
Be in	USU	AL RESIDENCE (IF NURSING H			E BEFORE ADMISSION	1 13d. INSIDE CIT	Y HAHTS?	13e. STREET ADDRESS		21)	11/2
P Sold			.G.		HEIGHTS		NO [1307 KAREN	BLVD #	202	170
12 12	14. F.	ATHER'S NAME	WIDDLE	LA	.51	15 MOTHER'S	MAIDEN NA			LAST	
puo (FULTON		BOW		ANN		BELL JOH	NSON	BOWTE	
dicol		WAS DECEASED EVER IN U	S. ARMED FORCES		L SECURITY NO.	17 INFORMAN	NT .	ADDRESS			
Page .		NO		215-3	2-3507	JOYCE C	HASE	1307 KAREN B	LVD CA	P. HE	IGHTS NATE INTERVAL
the military and the from the	CERTIFICATION	PART 2 OTHER SIGNIFIC	ANT CONDITIONS 19b. CON	CONTRIBUTION FOR V	ISSOURNCE OF	N WAS PERFOR	MED	YES NO	Ob. (F YES, WI N CERTIFYING YES	ERE FINDING G CAUSES (GS USED OF DEATH? NO []
100		210. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE	OF DEATH HOUR		H DAY YEAR	21c. HOW INJ	URY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM TE PART 1	OR PART 2)	
ked or the	MEDICAL	(IF EITHER NOTIFY MEDICAL EX	21e. PLAC	P.M. CE OF INJURY STREET, FACTORY,	OFFICE FARM, ETC.)	211 LOCATION STREET	N	CITY OR TOWN	144	COUNTY	STATE
of Healt 21 is mo		22a.1 certify that (I) (this saw the deceased of above, (I) (we) (djd) (ive an	- 3	ch.	nd that in (my) (., 19 V aur) opinian	deoth occurred on the date			hat (I) (we) last auses stated
At Digital		77h SIGNATURE	0	50	la.		TENDING HYSICIAN L	MEDICAL STAFF	۷ 🗆	22c. DATE S	IGNED
O FUNERA hauld be d		The PHYSICIAN STAME	(TYPE OR PRINT)	Zind	la	22e. ADDRESS					
2412	23a.	BURIAL, CREMATION, REM SURIAL				EMETERY OR CE	REMATORY	SANDS RD	ANINE S	DIMPE	_ CO MD
	24 F	UNERAL DIRECTOR	8/11	1/84	110023	ETTE TENT	I250 DAT	E REC'D. BY REGISTRAR 366			
H - 16 50M 4/B2 [VRA 15, 4]		J.B. JENKINS	F.H. 747	74 LAND	DVER RD I	ANDOVER	AUG	1 7 1984	ha David	son-Aar	rdell.

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STATE OF MARYLAND

1 -	FOR STATE REGISTRAR			DEPARTA		EALTH AN	D MENTAL HÀ F DEATH	(SIENE	REC	6. NO.				
	CEASED NAME	FIRST		MIDDLE	i.	AST		2a. DA1	E OF DEAT	H MONTH	DAY	YEAR	2b. HO	JR
		ERTE		V		CLEAV	ELAND	. 1		8	6	84		16am
3. SE	X	.7	4. RACE		5. DATE C		YFAR		(IN YEARS LA	ST BIRTHDAY)	MONTH	DER I YEAR	HOURS	R 24 HRS
F	emale		Caucasi	an	Augus		. 1897	86		YR	s			
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-	diana		U.S.A		WIDOWE	DX	DIVORCED [) P		GEORG				MD.
	ITY OR TOWN OF DEA LINTON	ATH	I IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET TERN MARY	ADDRESS)			TYPE OF	UALOCCUI WORK FOR MI USEWI	OST OF WORKIN		b. KIND O IDUSTRY N/		ESS OR
13e. S Mar	yland	Char		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Waldorf		YES X	E CITY LIMITS?	271		ss / zip co okeek		20	0601	
15 FA	THER'S NAME ISABC		MIDDLE	Swartze:	11		er's maiden n Lucetta	NAME	MIDD	LE	M	cClos	ud	
	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFOR	MANT	27	11 A&	cokeel	Rd.			
	No	(# 163, 01	E WAR OR DATES)	213-46-6	040	Mary	Johnso	n W	aldor	f, Mai	rylar	ıd		
	18 CAUSE OF DEATH PART I. DEATH W	'AS CAUSE	ily one couse per D BY: TE C AUSE (a)		RD1	HC.	ARRI	EST				BFTWEEN	MATE INTE	RVAL D DEATH
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF MYO CARDIAL INFARCTION DUE TO, OR AS A CONSEQUENCE OF AKTERY DISEASE							TION	i					
N O	PART 2 OTHER SIGN		ESTIVE			Total Control	ED TO THE TER	RMINAL DI	SEASE OR C	ONDITION	GIVEN IN	PART 1	a	
CERTIFICATION	190 DATE OF OPERATION 196. CONDITION FO					N WAS PER	RFORMED	20a YES	AUTOPSY?	IN CE	YES, WE RTIFYING YES []	RE FINDING CAUSES	OF DEA	TH?
	21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	CAUSE OF DE	HOUR A.	M. MONTH DA	AY YEAR	21c. HOW	INJURY OCCL	JRRED (EN	TER NATURE OF	INJURY IN ITEM	18 PARTTO	OR PART 2)		
MEDICAL	21d INJURY OCCURE WHILE NOT WHAT WORK AT WORK	HILE [21e PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211. LOCA	ATION		CITY OR TOWN COUNTY STATE					
	22a 1 certify that (1) sow the decease above, (1) (well to	ed alive on	X 16	19	74,0	nd that in (r	ny) (burl opinio	1, to an death oc	curred on the	he dote and	, 19_ haur and		that (1) causes st	
	22h SIGNATURE	1	Nac	Im		DEGREE	ATTENDING PHYSICIAN			STAFF YSICIAN [Pare DATE	6/8	54.
	G. NACK			0		9 0 1	S WOOD	YAR	d Ri	1,01	.1 1	TON	m	0,
23a E	BURIAL, CREMATION,	REMOVAL	236. DATE 8/10/				Ceme ter		Brent	wood.	D FOL	Mor	mrl ox	SIATE

DHMH - 16 50M 4/83 (VRA 15, 4)

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MPORTANT: If Hem 21 is morked or Hem 18 straw

24 FUNERAL DIRECTOR George P. Kalas Funeral Home Oxon Hill Rd.

DATE REC'D. BY REGISTRAR THE RECIENTARY S SIGNATURE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH 2b. HOUR Clubb 2:15P.M August 22, 1984 5. DATE OF BIRTH A. AGE TIN YEARS LAST BIRTHDAYS IF UNDER TYEAR MONTH Jan. 31, 1895 89 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Prince George's County WIDOWED DIVORCED 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY WOODWATD Gift Wrapper Lothron 13e.STREET ADDRESS / ZIP CODE #101 13d. INSIDE CITY LIMITS? 3250 Queenstown Drive 20712 YES TO 15 MOTHER'S MAIDEN NAME Louise Ellen Winter ADDRESS Address Same as 17 INFORMANT No# 13e. Mrs. Evelyn L. Kenyon APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH OMIN 20n AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOD NO [YES [

> 23d, LOCATION CITY OR TOWN

Suitland

COUNTY

P.G.

BY REGISTRAR 256, REGISTRAR'S SIGNATURE

Maryland

Washington D.C. U.S.A. IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH EACILITY, GIVE STREET ADDRESS) Prince George's General Hospital Cheverly USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 113h. COUNTY 13c CITY OR TOWN Mt. Rainier Maryland P.G. 14 FATHER'S NAME MIDDLE Edward F. Evans 16b. SOCIAL SECURITY NO MAS DECEASED EVER IN U.S. ARMED FORCES? No 577-09-4490 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIE EITHER NOTIFY MEDICAL EXAMINER P.M 19 214 INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE FARM ETC.) NOT WHILE AL WORK 220 1 certify that (1) (this-hospital) attended the deceased from sow the deceased alive on and that in (my) (one) apinion death occurred on the date and have and from the causes stated obove;(1) (we) (did) (did not) view the body ofter death 22c DATE SIGNED 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN PH Aug. 23, 1984 224. PHYSICIAN'S NAME (TYPE OR PRINT) 6501 Landover Rd. Cheverly, Maryland Barry Rosenberg, M.D.

23c NAME OF CEMETERY OR CREMATORY

Cedar Hill Cemetery

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR F. Gasch's Sons F.H. P.A. Hyattsville, Maryland

23a BURIAL CREMATION REMOVAL

Burial

(SPECIFY)

5

FOR - STATE

REGISTRAR

Female

7a BIRTHPLACE (STATE OR FOREIGN

FIRST

Edith

4 RACE

White

R.

Aug. 27, 1984

I. DECEASED NAME

LTYPE OR PRINTS

3 SEX

frame to to total position action of the site of the state No. 1977 and the second of the The same of the sa DECEMBER OF THE SECTION OF THE SECTI

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH 2b. HOUR TYPE OR PRINTI GERTRUNC 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS YEAR HOURS PAUCASIAN 96 7a. BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH (STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY WEST VIRGINIA WIDOWED DIVORCED | ID. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION INDUSTRY ADELPH IDENTIAL WOODS HOMEMAKER DOMESTIC JSUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13. STREET ADDRESS 13d INSIDE CITY LIMITS? PRINCE GEO COLLEGE PARK 4 FATHER'S NAME IS. MOTHER'S MAIDEN NAME ZILER GROSS 582 SWAKTH MORE DR. IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) COLLEGE PARK, MD 20740 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF AFTORIOSELenesus GENERALIZEL Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CARDIAC 20a AUTOPSY? 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOM YES [NO [210. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 220-1 certify that (I) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not view the bady after death 22b. SIGMATURE DEGREE 22c. DATE SIGNED MEDICAL ATTENDING STAFF should be deta with the State (PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS MPORI 21) UNIVERSITY BLUD. EAST, SILVAR SPRIN 230 BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE CHAMBERS CREMATORY RIVERDALE 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/82 WCHAMBERS CO. SILVER SPRING, MD 209. (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1	STATE REGISTRAR		CERTII	FICATE OF DEATH	REG. NO)	
		CEASED NAME FIRST	MIDDIE		LAST	20 DATE OF DEATH		2b HOUR
	(14hF	Charles	Joseph	Coll	lins	August 26,19	984	8:22a M
	3 SEX	K	4 RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY IF UNDER 1 Y	FEAR IF UNDER 24 HRS
Ú	ma	ale	white	Sept	tember 1, 1924	59	YRS.	ATS HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	2 B		9. BALTIMORE CITY OF		Н
		ashington, DC	U. S. A.	WIDOW	ED X NEVER MARRIED DIVORCED DI	Prince Geo:	rge's	MD
17		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME		12a USUAL OCCUPATIO	ON I IN MINI	D OF BUSINESS OR
5	La	anham	Octors Hosp of	P.G.	County	(TYPE OF WORK FOR MOST OF Plumber		U.S. Govt.
7		AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFOR	RE ADMISSION)			400	mbing
4		aryland Prince				13e.STREET ADDRESS / 9907 Marll		116
		THER'S NAME	George & Opper I	MI III	15. MOTHER'S MAIDEN NAM		JOIO PIRE	
9	7.1	lboxt P Collin	MIDDLE LAST		FIRST	MIDDLE N/I T	Dian	LAST
_		lbert B. Collin		URITY NO.	Edna 17. INFORMANT	M. I		
	- 0		VE WAR OR DATES)			lling Com	~ ~~ #17 A	T
		Yes WWI			Marie G. Co	IIIns - Same		PROXIMATE INTERVAL
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		IMMEDIA	TE CAUSE (a)	me	(70-00-001	7.000	
			DUE TO, OR AS A CONSEQU	JENCE OF	MCDIETH AN			
		Conditions, if ony, which	(b)	San Sec				
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	IENCE OF				
	100	underlying couse lost.	(6)					
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	N O							
7	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIR	
1	IFIC					YES NOT	IN CERTIFYING CAL	JSES OF DEATH?
-	ER	710. ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJURY		21c. HOW INJURY OCCURR			
1		OR CONTRIBUTING CAUSE OF DE						
	O.	(IF EITHER, NOTIFY MEDICAL EXAMINED		19	211 LOCATION			
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC)	STREET	CITY OR TOY	wn COUNTY	Y STATE
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		and the second second second second	itali anded the leceosed from	12.1	. 19/71/	_, to	19	, that (I) (we) lost
	0.1	sow the declared his of above, (I) the ideal did hid his	of year the bour ofter death.	74.0	and that in (my) (our) opinion o	death occurred an the do	te and hour and from	the couses stated
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1	53	BUN	04		ATTENDING PHYSICIAN	MEDICAL STAF	FIAN T	. 29.84
	144	THE PHYSICIAN'S PAME IN	PARTITION OF THE PARTIT	24.	22e ADDRESS		# 4 . 4	75
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-	23- 0	BURIAL, CREMATION, REMOVAL	the state of the s	NAME OF	CEMETERY OR CREMATORY	MEDICAL STAF DIRECTOR DHYSICI TUBL BILL 123d LOCATION		
	(CDEC IEV			CEMETERT ON CREMATORT	CHY OR LOWN	COUNTY	STATE
			ugust 29, 1984 1					
	24 FL	UNERAL DIRECTOR Lee	Funeral Home, I	nc.	250. DA11	REC'D. BY REGISTRAR	NEGISTRAR'S SIGI	NATURE

DHMH - 16 50M 4/B3

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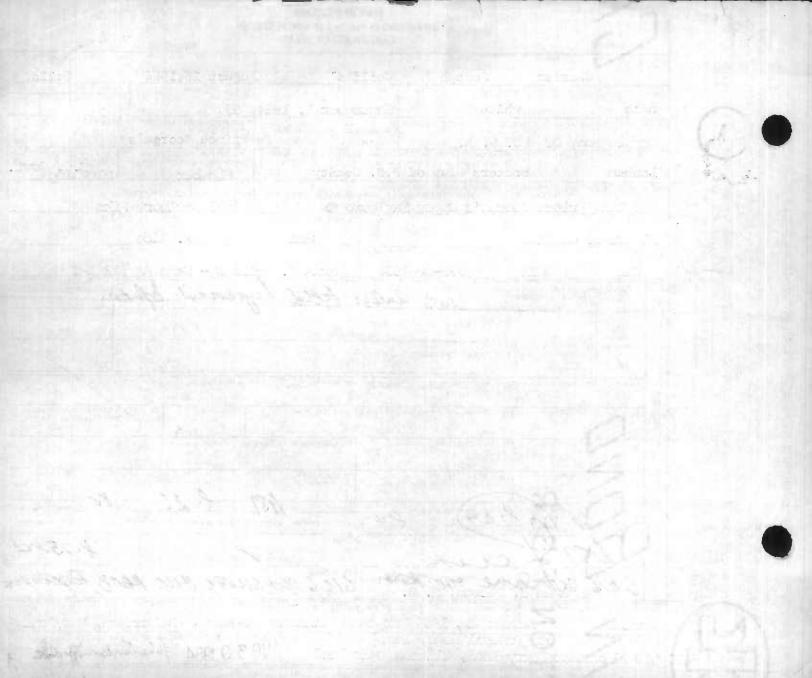
the buriol-transit permit. Then pleas and Mental Hygiene prior to burial,

MPORTANT: If hem 21 is marked ag should be detached for use as with the State Dept. af Health

OR ATTENDING PHYSICIAN: The law

AH-16 50M 4/B3 (VRA 15, 4) 6633 Old Alexander Ferry Road, Clinton, Maryland

250 DATE REC'D. BY REGISTRAR 200. REGISTRAR'S SIGNATURE
1. UG 3 0 1984 Fisha Davidson Range



20M 4/82

STATE OF MARYLAND

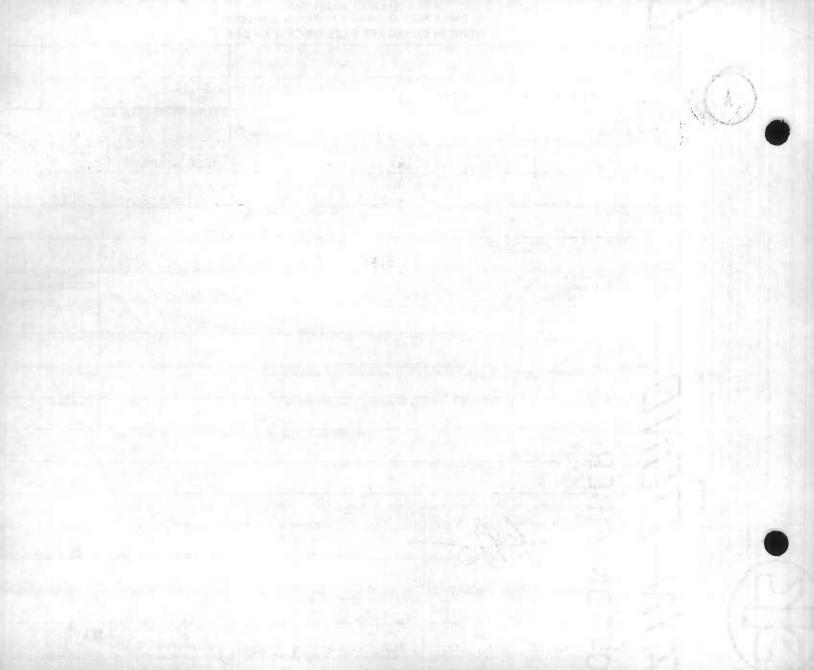
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E-14-64 C. Alto Rests Payk Citolog, Mistr, Denn

duntt Funnist Home, Meldorf, Moryland 192 Hell 1884 Final

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. L DECEASED NAME MIDDLE B. DATE KNOWN DE MONTH (TYPE OR PRINT) 9:15 ESTI-1984 Daniels W. DEATH MATED 8-28 Roy & AGE (IN YEARS | IF UNDER 1 YR. 4 RACE IF UNDER 24 HRS 3 SEX 5. DATE OF BIRTH 2c. DATE LAST BIRTHDAY) MONTHS PRONOUNCED THE FUNERAL DIRE AGE 5 FOR YOUR FILED, WITHIN 72 201 W. PRESTON Sept 13 1909 DEAD Male White 74 YRS Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE (STATE OF MARRIED NEVER MARRIED FOREIGN COUNTRY) United States Washington DC WIDOWED X DIVORCED Prince George's 17g USUAL OCCUPATION (TYPE OF WORK 17h, KIND OF BUSINESS FILED, 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION SHOULD BE FILED Temple Hills Sales Represent Aluminum 4003 23rd Parkway USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIO 13e. STREET ADDRESS 13b. COUNTY 13d. INSIDE CITY LIMITS? PG Maryland Temple Hills YES -4003 23rd Parkway 20748 NO [] 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST FIRST Daniels Sadie Joseph Woodyard ADDRESS Grey Birch Pl 7. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) David Daniels 578-09-0484 Reston. Va APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line Tor (a), (b), and (c BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: AND MENTAL HYGIENE, ATION, OR REMOVAL. IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Canditions, if any, which gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (4) ARDED TO THE CHIEF MEDICA AGE 3 SHOULD BE USED AS A BI ATE DEPARTMENT OF HEALTH A 1201 PRIOR TO BURIAL, CREMA CERTIFICATION 19a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 21a EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 71d INJURY OCCURRED TIE PLACE OF INJURY (AT HOME. 211 LOCATION STREET STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE (BALTÉMORE, MARYLAND, 21201 27a. I certify that I taak charge of the remains described above, held an Inspection and in my apinian death resulted fram: Suicide Hamicide Undetermined manner Natural causes TITLE (SPECIFY) Deputy ADDRESS 009 Rayburn Ct., Temple Hills. Md. Augusto P. Rodriguez. 230 BURIAL, CREMATION, REMOVAL 236 DATE 73c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Suitland Md Burial 31Aug84 Cedar Hill Cemetery 24 FUNERAL DIRECTOR NAME RObert Robert E. Wilhelm Funeral Home **DHMH - 17** Suitland, Md. (VR A15 ME (5)) 20M 4/B2

Safemano ., Rodetiffer, F. D. 3000 Inyborn Rt., Temple Hills, Md. SELECTION CONTINUES.



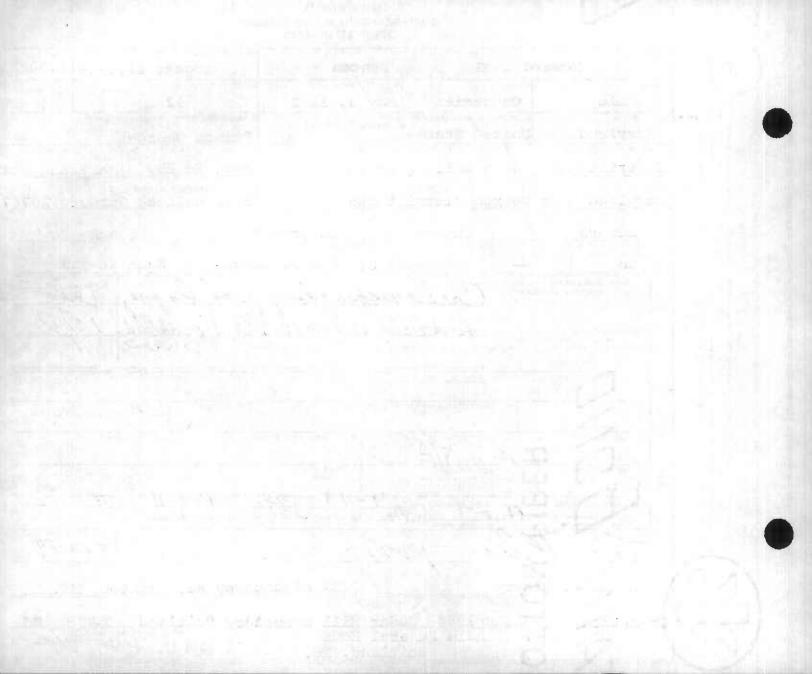
	1			STATE OF MARYLANI	6.8	. 2 2	1 60	3
	11.	FOR	DEI	ARTMENT OF HEALTH AND ME		Gran Street		
		REGISTRAR		CERTIFICATE OF DEA	ATH	REG. NO.		
		CEASED NAME	MIDDLE	LAST	2a. DATE OF	DEATH MONTH	DAY YEAR	2b. HOUR
	LIANE	OR PRINT!	f. U.	Deagn	10,10	t 17	1084	1 2 A M
	3. SE	()eer	4 RACE	S. DATE OF BRITH	6. AGE (VA)/E	ARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
		4	Q1 1	MONTH DAY	YEAR		MONTHS BAYS	HOURS MIN.
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5	/6. B	RTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COU	MARRIED NEVER MAI	RRIED D BALTIMOR	E CITY OR COUNTY	OFDEATH	
10		Maryland	U.S.A		RCED Th	sice te	earge	MD.
1	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME OR OTHER INSTITU		CCUPATION () FOR MOST OF WORKING LI		F BUSINESS OR
0	0	tanken	Magridia a	erduce Aussies 1	Uma NURSIN			LE HOSP.
37	USU	AL RESIDENCE (IF NURSING HOME OF		BEFORE ADMISSION)	LIMITON DO CEDETE AL	DDDEEC / ZID COD	200	85
10	130.	and D	g. Land		○ □ 3605	DDRESS ZIP CODE	to ant	PJ
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/		No	217-5	2-7985 Thomas	me Colbert	Lank		d·
E		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line far (a),	b), and (c).)	1.0		BETWEEN	MATE INTERVAL ONSET AND DEATH
e l			TE CAUSE (a)	DIOROSPIRAZZ	Ru , cerle	מוצבי		
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-		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF				
e o	- 1	underlying couse last.	((e)				111	
ā À	1.00	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	G TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE	OR CONDITION GIV	VEN IN PART TIE	3
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id					YES 🗆		FYING CAUSES	OF DEATH?
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7	13	(IF EITHER, NOTIFY MEDICAL EXAMINE		19				
	MEDIC	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	211 LOCATION		CITY OR TOWN	COUNTY	STATE
	Σ	AT WORK NOT WHILE	(AT HOME, STREET, PACTORY,	SPECE, PARM, ETC.)		******		
		22a.1 certify that (I) (this hasp	tell attended the decement	MARCH IO	19 18 1 10 Au	QUST 17	1984	that (1) (we) last
		the deceased alive as	Augy8T 16		opinion death accurred	9		-
	10	BEREYE, (IPWE-Gold) (did no	it) yiew the body after death		opinion deam decorred	on the date ond floc		
	11	776 SIGNATOR	F 1	DEGREE			22c. DATE	SIGNED
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1	1	224 PHYSICIAN'S NAME (TYRE	OR PRINT)	22e ADDRESS	- 01		, 5	2 1/1/10
1		KAlph 1.	NELSON A	1008	Georgela	. a. H.	100	ham In
_	-	אמקוויי	1			mer I'w	y. war	عالم إسماد
	1300	BURIAL CREMATION, REMOVAL		230 NAME OF CEMETERY OR CRE	- CITY C		L'OUNTY .	A STATE
			8-21-1984	RESURRECTION C	EM. CLI	NTON. P.	Gr. M	0.
3	24. F	UNERAL DIRECTOR			25a DATE REC'D. BY RE			URE
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	FOR	STATE OF MA DEPARTMENT OF HEALTH A		129
6	1 - STATE REGISTRAR	MEDICAL EXAMINER'S CE	-	
	1 DECEASED NAME FIRS	ST MODIE IA	20 DATE KNOWN OF ESTI- DEATH MATED	1 4010
(i	3. SEX RACE	S DATE OF BIRTH AND THE LAST BIRTH JAY MONTHS IF UND	DER TYR. WUNDER 24 HRS. 24. DATE DAYS HOURS MIN. PRONOUNCED	MONTY, JAY YEAR 20 49UR
3 37	10 BIRTHPLACE (STATE OR	76 CITIZEN OF WHAT COUNTRY? 8	DEAD 9 BALTIMORE CITY OF	COUNTY OF DEATH
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ELA O THE F PAGE SE FILED	Piver del	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER (IF NOT IN SUCH FACRITY, GIVE) STREET ADDRESS)	RINSTITUTION 120 USUAL OCCUPATION (TYPE) FOR MOST OF WORKING LIFE) RETIREL	OR INDUSTRY
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YORE, MD. 212 R DEATH. IF AN AGES 1, 2, ANI RAM PM. 3, REIT LAND 2 SHOLT		MIDDLE LAST	15. MOTHER'S MAIDEN NAME MIDDLE	LAST
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NST., BAL' HOURS AF M 18. GIVITH NG WITH RMIT. PAG	18 CAUSE OF DEATH (Ente	er only one cause per line for (a), (b), and (c).)	A. J. J.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ON ST 24 HO ITEM 1 LONG	PART I DEATH WAS CA	EDIATE CAUSE (a)	- Myoeardize D.	1,52
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AL RECOI DUID BE I O'' PENDII IEF MEDI	CENTRAL O OPERATION OF HEALTH		S PERFORMED?	20. AUTOPSY?
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITING THE WORD "PENDING" IN PENCIL IN 1TEM 18, REDED TO THE CHIEF MEDICAL EXAMINER ALONG W RR 3 SHOULD FEI LISED AS A BURRAL "RANSIT PERMIT.	UNDERLYING OR CONTRIBUTING CAUSE 216. INJURY OCCURRED	HOUR A.M. MONTH DAY YEAR	W INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PA	IRT 1 OR PART 2)
DIVISIO THIS CERTIF WRITING PAGE 3 SHO	WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) 21f. LOC. STR	ATION REET CITY OR TOWN	COUNTY STATE
ARE T	22a. I certify that I took of	charge of the remains described above, held an Autopsy		l in my apinian
EXAMI CERTIFICATION BE	death resulted from:	Natural causes , Accident , Suicide ,	Hamicide, Undetermined monner,	
CAL EXA THE CER SHOULD	ACTUAL SIGNATURE	I Carry MO	MEDICAL EXAMINER	SIGNER LUG / 1984
D MEDIC D ECUTE 1 D AGE 4 S	ACTUAL ACTUAL	A	DDRESS	
COGGGGG	230. BURIAL, CREMATION INCOME BURIAL	AUG 7 133. NAME OF CEMETERY OR	CITY OR TOWN	over, Maryland
777788/	24 FUNERAL DIRECTOR	aw T. Stelvas	ALL MELITIBY REGISTRATION REGIS	TRAR'S SIGNATURE
OH.WH (VR A15 A	ME (5)) Stewart Fun	neral Home-4001 Benning	Road, N. E. 9 1904 gul	he Davidson-Ashdell
20M 4	/B2			

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH I. DECEASED NAME MONTH 26 HOUR (TYPE OR PRINT) JOHN 4. RACE 6 AGE LIN YEARS LAST BIRTHDAYS 3. SEX 5. DATE OF BIRTH YEAR Tulv **BALTIMORE CITY OR COUNTY OF DEATH** 70 BIRTHPLACE I STATE OR FOREIGN 7h. CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED SEURARC New York U.S.A 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR JOWN OF DEATH Electronics Engineer U.S.Govern-13e STREET ADDRESS / ZIP CODE 5812 Middleton Court Prince George's Camp Springs YES X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Ruby Haberer John Dunn 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS Anna G. Dunn - Same As #13 A-E 307-22-2859 APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one couse per ling far (a), (b), and in PART I. DE ATH WAS CAUSED BY MMEDIAR IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF CAPPOI OVASCULAR DISEASE Canditions, if any, which gave rise to immediate couse (0), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? **SECIDENT WAS UNDERLINE** 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. CAUSE OF BEASH STREET, IN SUBJECT OF PERSONS ASSESSED. P.M 711. LOCATION 71d INJURY OCCURRED 21e PLACE OF INJURY COUNTY CITY OR TOWN STATE 270 | certify that (1) (this hospital) attended the defeased from saw the deceased live an and that in (my) (our) apinion deoth accurred on the date and haur and from the causes stated above. (1) (we) (did (did nat) view the bady after death DEGREE ATTENDING MEDICAL should be deto PHYSICIAN DIRECTOR PHYSICIAN 27e. ADDRESS BERPERE 230. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial August 18, 1984 Gate of Heaven Silver Spring, Maryland BY REGISTRAR 756. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Lee Funeral Home, Inc. 25a. DATE REC'D. DHMH - 16 50M 4/83 Old Alexander Ferry Road, Clinton, Maryland (VRA 15, 4) 6633

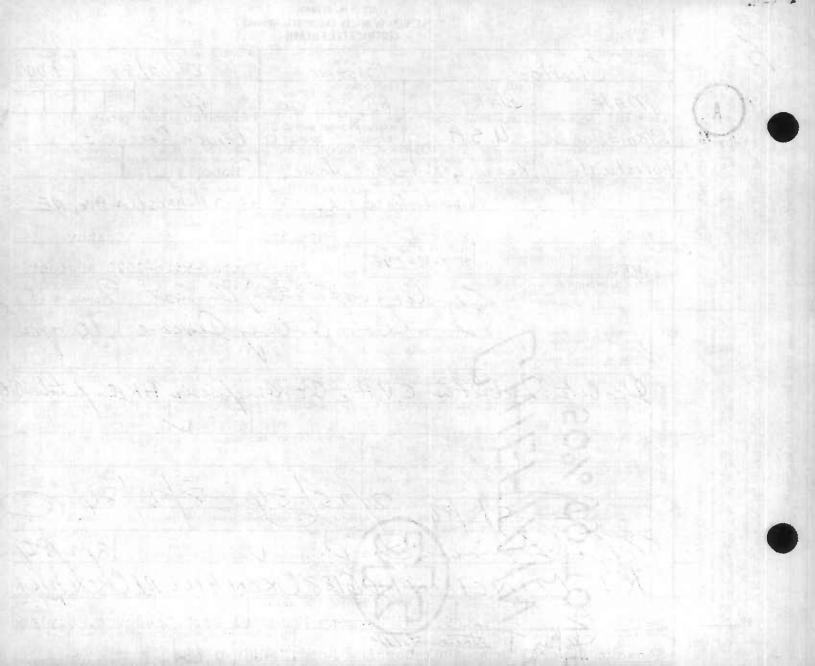
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4,	10		STATE REGISTRAR				EXAMIN			400		PLI	G. NO.			
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- :	WIT. P			DEATH (Enter o	nly one couse per line	e for (o), (b)), ond (c).)	-						BETW	PROXIMATE VEEN ONSET	INTERVAL AND DEATH
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	D BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NENDING". IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FLOWEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 AS A BURSHAL, "TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. CREMATION, OR REMOVAL.	18	PART 2 OTHER SIGN	IFICANT CONDITION	S CONTRIBUTING TO GEATH	BUT NOT RELA	ATEO TO THE TERMI	NAL DISEAS	E OR CONDITIO	N GIVEN IN PART	T 1 (a)					
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH 2b. HOUR TYPE OR PRINTS 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 4. RACE 3. SEX YEAR 20 O BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY orestu. 11 egency None USUAL RESIDENCE IF NURS III HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130. STATE 1131. CITY OR TOWN, 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? HNAPOST DAS hINATON DO NO T 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE andolph Easter Easter Angelina ADDRESS 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mrs. Clara Easter-wife-1523 Anacostia ues Avenue, N.E., D.C. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY steratory IMMEDIATE CAUSE **ECONSEQUENCE** Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO: OR AS A CONSEQUENCE OF underlying cause last. DITION SCONTRIBUTING TO DEATH BUT NOT RELATED FOR THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIES 26s. IF YES, WERE FAIDINGS USED IN DATE OF OPERATION 146, CONDITION FOR WHICH OPERATION WAS PERFORMED INCERTIFYING CAUSES OF DEATH? NO I 21s. ACCIDENT WALLINDERLYING TO 216 TIME OF INJURY 216. HOW INJURY OCCURRED LENGER HATURS OF INJURY IN ITEM 18, FART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF SEATH WEITHER NOTET MEDICAL ENAMINER. TH. EOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY COUNTY CITY OF TOWN STATE AFROME STREET, FACTORY, OFFICE FARM, ETC.) WHILE D NOT WHILE D 720.1 certify hat (1) (this hospital) ottombed for decompany to and that in (my cour) opinion death occurred on the date and four and from the course states SHE'S IGNIATU DEGREE PHYSICIAN DIRECTOR PHYSICIAN 220 ADDRESS 224 PHYSICIAN'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE CITY OR TOWN Burial .984 Harmony Memorial Park Landover,Maryland 25g. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECT Sewandell DHMH - 16 50M 4/B2 (VRA 15, 4) Home-4001 Benning Road N.A. Huneral



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4	5	1	

STATE OF MARYLAND

ECKENBARGER 5. DATE OF BIRTH MONTH DAY YEAR	REG. NO.				
ECKE		20 DATE OF DEATH MONTH 08 18 84	DAY YEAR	26 HOU 1:1	
	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER	24 HRS
an	Dec. 11, 1907	76 YRS.	MONTHS DAYS	HOURS	WIN
AT COUNTRY?	8	9 BALTIMORE CITY OR COUNT	Y OF DEATH		

Male Caucasia a. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHA Pennsylvania

MIDD

MARRIED NEVER MARRIED United States | WIDOWED | 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

PRINCE GEORGES GENERAL HOSPITAL

PRINCE GEORGES 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)

Driver

176. KIND OF BUSINESS OR INDUSTRY Transportatio

20748

11F NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION PG COUNTY Maryland 14 FATHER'S NAME

Will Tam

O, CITY OR TOWN OF DEATH

CHEVERLY

FOR - STATE REGISTRAR 1. DECEASED NAME

(TYPE OR PRINT)

3. SEX

13c CITY OR TOWN Temple Hills

15. MOTHER'S MAIDEN NAME Annie

MIDDLE Weimer M.

60 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Peacetime

RALPH

4 RACE

578-10-8039

Eckenbarger

17 INFORMANT

13d. INSIDE CITY LIMITS?

731 Cottonwood Dr Wm. N. Eckenbarger Severna Pk, Md.

13e STREET ADDRESS / ZIP CODE 2900 St. Clair Drive

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate

cause (a), stating underlying cause CERTIFICATION

710. ACCIDENT WAS UNDERLYING

20a AUTOPSY?

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY

216. TIME OF INJURY

AT HOME STREET, FACTORY OFFICE FARM I

211 LOCATION

21/ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

STATE

22a | certify that

226. SIGNATUR

DEGREE

ATTENDING DIRECTOR PHYSICIAN PHYSICIAN

and that in (my) (our) apinion death accurred on the date and hour and from

Lisa Goldberg, M.D.

PENM AVE. WASH. D.C. 20037

23a BURIAL, CREMATION, REMOVAL 236. DATE Burial 21Auq1984 NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetety

22e. ADDRESS

Suitland

Md

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DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DECEMBER E. Wilhelm

Funeral Home

ADDRES Suitland, Mal



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2b. HOUR a. DATE KNOWN MONTH (TYPE OR PRINT) ESTI-Edmonds Helena DEATH MATED X 8/4/84 DAY 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS | IF UNDER TYR. SEX IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) PRONOUNCED FEMALE WHITE APRIL 14,1914 DEAD To BIRTHPLACE (STATE OF Th. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) NEW JERSEY U.S.A. WIDOWED XX DIVORCED Prince George's County 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION. 12g USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS Beltsville 11491 Montgomery Rd. BOOKKEEPER SUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONIN PRINCE GEORGES 136. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13c CITY OR TOWN MARYLAND BELTSVILLE 11491 MONTGOMERY ROAD YES X NO 20705 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME JOSEPH HOWELL MARIA PETERSON 17. INFORMABROTHER 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 11998 BROOKE ROAD (IF YES, GIVE WAR OR DATES) GEORGE F. HOWELL. 579-03-0914 CAPITOL HGTS MD. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Asphyxia IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise ta immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO X BE 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 8/4/8419 subject placed plastic bag over head 218 PLACE OF INJURY (AT HOME 211. LOCATION 214 INJURY OCCURRED AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) CITY OR TOWN 11491 Montgomery Rd., Beltsville, Md. home PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALLIMORE, MARYLAND, 2 220 I certify that I took charge of the remains described above, held an Inspection X and in my apinian Autopsy Suicide X Hamicide ___ death resulted fram: Undetermined manner Natural causes TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 3/8/84 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS 111 Penn St., Balto., Md 230. 8URIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE BURTAL 8/10/84 MARYLAND VETERANS CHELTENHAM PRI GFO BP MD 24 FUNERAL DIRECTOR FRANCIS J. COLLINS **DHMH - 17** 500 UNIV. BLVD. W. SILVER SPRING. MD. 20901 (VR A15 ME (5))

20M 4/82



launos

Donaldson Funeral Home

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

7h HOUR

9:35a

IF UNDER 24 HRS

NO [

STATE

(VRA 15, 4)

FOR - STATE

REGISTRAR



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME MIDDLE 26 HOUR (TYPE OR PRINT) 1 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3. SEX HOURS Female June 3,1926 Caucasian 58,RS BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED United States WIDOWED Virginia Housewife. own home 13a. STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Forestville NO 2609 Lakehurst AVe Maryland Pr Geo 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Marshall King N. Virginia Sarah Courtney ADDRES 2663 Paddock Drive 66 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IYES, NO OR UNKNOWN) 577-34-8510 Marshall Jeffcoat Jacksonville, Beach 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY? 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) 71n ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY STATE CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE AT WORK 22a I certify that (1) (this haspital) attended the deceased from 19 84 sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after dea 22c DATE/SIGNED 22b. SIGNATUR DEGREE ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 230 BURIAL CREMATION, REMOVAL |SPECIFY Burial 13Auq84 Washington National Suitland 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR SHOWN OR Wilhelm Euneral Home Suitland, Md. DHMH - 16 50M 4/B3 (VRA 15, 4)

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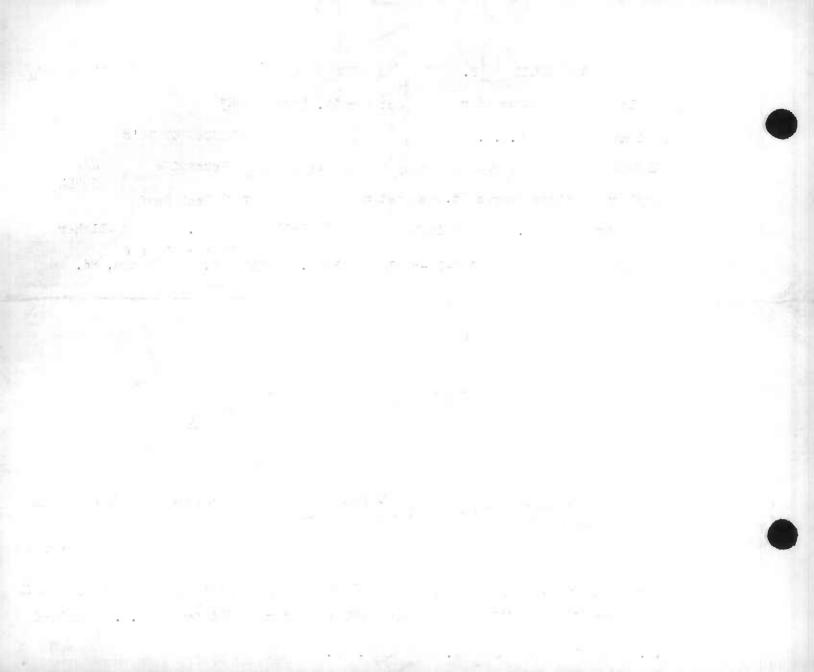
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DECEASE NAME CATHERINE L. EUSTIS 3 SEX 1 RACE CAUGASIAN 1 RACE CAUGASIAN CATHERINE L. EUSTIS 3 DATE OF BERTH OCTOBER 19, 1920 63 WESSELL STATE OF BERTH OCTOBER 19, 1920 63 MARRIED WAS DECEASED EVER WAS DECEASED BY BERTH OF BEACH OF		- STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.			
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CLINTON South Caute Control Progression Control	L		U.S.A.			PRINCE G	EORGE	18		MD.
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DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND



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MD.	H. IF	/ 14.	FATHER'S NAME		MIDDLE	LAST		15. MOTHER	'S MAIDEN NA	ME MIDDLE		LAST	
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MO	PAG PAG SIV	160	WAS DECEASED		MED FORCES? WAR OR DATES)	166 SOCIALS	ECURITY NO.	17. INFORMA		ADDRES	S		
BALTIMORE,	AFT SINE ISIO		No	Non	е	214-36	5-4419	Mary A	nn Ferr	ell (Wife)	Same a	s # 13.	
	UURS AFTER DEATH, I 18. GIVE PAGES 1, 2, WITH FORM PM 3, IIT. PAGES 1 AND 2 S I, DIVISION OEVITAL		18 CAUSE OF	DEATH (Enter on	ly one cause per line	for (o), (b), ond	(c).)					APPROXIMATE BETWEEN ONSET	INTERVAL
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	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P		TYPE OR PRIN	Augus		17	******	ADDRESS			abre ur	TTO, MC	4.6
	FOCEAG	230	BURIAL, CREMAT	1				OR CREMATOR	C	LOCATION	COUNTY	ST	ATE
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Laura J. Flank 08-17-84 6:55 3. SEX 4. RACE 5. DATE OF BIRTH MONTH DAY YEAR HOURS MI PERMANENTED DAYS MONTH DAY		REGISTRAR 1 DECEASED NAME FIRST	MIDDLE	CERTIFICATE OF DEATH	REG. NO.	DAY YEAR	MD. OF BUSINESS OR IOME 20747 S1 OFE TETT MATERIVERVAL CONSELAND DEATH
Female Caucasian O2 O1 O3 BATTMPLACE (STATE OR FORE GOV. COUNTRY) Pennsylvania United States wildowed wi		LIYPE OR PRINTS		Flank		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6:55 pm
Female Caucasian O2 01 00 84 YRS. BRITHPIACE (STATE OR FORE GN COUNTRY) COUNTRY) Pennsylvania United States widowed DNORCED DNO	1	3. SEX	4 RACE		6 AGE (IN YEARS LAST BIRTHDAY)		
Pennsylvania United States widowed Divorced Drince George's Drince G	1	Female	Caucasian		84 YRS.		HOURS MIN.
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YES | 216. TIME OF INJURY 21c. HOW INJURY OCCURRED ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21e. PLACE OF INJURY 211 LOCATION 214. INJURY OCCURRED COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an above, (I) (we) (did) (did not) view the body alter death and that in (my) (our) apinian death accurred an the date and hour and from the causes stated

BP DHMH - 16 50M 4/83

O FUNERAL DIRECTOR

HOSPITAL

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should be detached for use as the burial-transit with the State Dept of Health and Mental Hygie

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21Aug84 Burial 24 FUNERAL BOBERT E. Wilhelm Funeral Home (VRA 15, 4)

23e BURIAL, CREMATION, REMOVAL

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MEDICAL

23c NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

DEGREE

22e ADDRES

301

23d LOCATION

Suitland

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250 DATE REC'D. BY REGISTRAR ADDRESS Suitland, Md

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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23a BURIA	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DI BETHER NOTBY MEDICAL EXAMIN INJURY OCCURRED HILE AT WORK AT WORK ORD (I) (this hosy sow the deceosed olive of obove, (I) (we) (did) (did reserved) PHYSICIAN'S NAME TYPE AL, CREMATION, REMOVA	21b TIME O HOUR A. ERP P. 21b PLACE (AT HOME, STR potal) ottended th	M. MONTH DAM M. OF INJURY OF INJURY PRET, FACTORY OFFICE, F. g daceosed from 19 kitter deoth M) 23(N	ARM, ETC.)	216 HOW INJURY OCCURE 211 LOCATION TREE1 211 LOCATION 19 d that in (my) (our) apinion of the company of th	YES NO MEDICAL STANDING OF THE CONTROL PHYSIOLOGY AND	yry in ITEM 18	COUNTY COUNTY LOUI OND from the	STATE that (I) (we) locauses stated SIGNED
22d	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DI BETHER NOTBY MEDICAL EXAMIN INJURY OCCURRED HILE AT WORK AT WORK ORD (I) (this hosy sow the deceosed olive of obove, (I) (we) (did) (did reserved) PHYSICIAN'S NAME TYPE AL, CREMATION, REMOVA	21b TIME O HOUR A. ERP P. 21b PLACE (AT HOME, STR potal) ottended th	M. MONTH DAM. OF INJURY PRET. FACTORY OFFICE F. g daceosed from litter deoth M) 23c N	ARM, ETC.)	211 LOCATION STREET 211 LOCATION STREET 19 d that in (my) (our) apraion of the company of the	YES NO NO NEED (ENTER NATURE OF INJUING TO NOTE OF	yry in ITEM 18	COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	STATE that (I) (we) laccauses stated SIGNED

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely should be detached for use as the burial-transit permit. Then please remove corbangapers. Pages, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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Mental Hygiene

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STATE OF MARYLAND

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 2n DATE OF DEATH DECEASED NAME MONTH 2b. HOUR (TYPE OR PRINT) 205 ERNEST FORTE August 10, 198/ 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4. RACE 5. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR Male Cauc. 6 09 BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) Prince George Penna. DIVORCED WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Retired US Navy 6204 Cabot St. Didtrict Hghts. WSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13. STREET ADDRESS / ZIP CODE 20746 13b. COUNTY 13d INSIDE CITY LIMITS? Maryland Pr. George Dist. Hghts. 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE Robert Nariello Forte Frances ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) 197-01-8932 Mary Forte same as item 13 Korea yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOIX YES [NO [210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from... Mid-TULY sow the deceased alive an MC-1/14

above (1) we) (did) (old not) view the bady after death and that in (our) opinion death occurred on the date and have and from the causes stated DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN - DIRECTOR PHYSICIAN

IERENSTO NE 23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

23¢ NAME OF CEMETERY OR CREMATORY

8/14/84 Burial 24 FUNERAL DIRECTOR

Arlington Arlington Nat. Cemetery Va. 250. DATE REC'D. BY REGISTRARI256. REGISTRARIS SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill, Md.

The sector of th

executed within 24 hours ofter death. Page

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the haspital or ottending physician

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2	FOR 1 - STAT REGI
Br Se so de	I DECEASE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR			distribution of par		REG. NO).		
	CEASED NAME	EIRST	MIDDLE	LAST		20. DATE OF DEATH	NONTH I	DAY YEAR	26 HOUR
(I Abe	OR PRINT)	MARY	CHRISTINE	FOWLER		AUGUST I	10, 19	984	7:05a. _M
3. SE:	×		4 RACE	5. DATE OF BIRTH	6	AGE (IN YEARS LAST BIRTI		IF UNDER I YEAR	HOURS MIN.
	Famal	9	Whitz	Sof 13.	1891	92	YRS.	WOMINS DAYS	HOURS MIN.
		OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MAI	DOIED T	BALTIMORE CITY OF	COUNTY	OF DEATH	
	mo		U.S.A.		RCED	PRINCE GEO	DRGE'S	S COUNT	Y MD.
10 C	ITY OR TOWN OF	DEATH	11. NAME OF HOSPITAL, NURSING		UTION	120 USUAL OCCUPATIO			OF BUSINESS OR
	LANHAM		DOCTORS' HOSPITA	AL of P.G. CO).	Housewif	-8	C) INDUSTRY	
U5U.	AL RESIDENCE (# N	URSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE		LIMITS?	13e.STREET ADDRESS	ZIP CODE		20783
	mo	P	6 Avelo	N ES N	10 🗆	1013 CL	chad	lee. Lan	5-0100
14. F/	ATHER'S NAME		MIDDLE	15. MOTHER'S M	MAIDEN NAM	E / MIDCLE .		.11	. /
Z	Sernan	d -!	NA - Mass	ner clige	alet	(NA)		FIRD	ung_
	WAS DECEASED EV		MED FORCES? 160 SOCIAL SET 17	17 INFORMANI	011	ADDRES	S	. 11	- 4
	NO		- 5/9-66	-1844 Ellen	OC. HO	ytmoun (S	fmE	4S++1	27
	PART I DEATH		dy one couse per line for rail (b), and	1102 \ R 0.		.81	-0	APPROX.	ONSET AND DEATH
	PART I. DEATE		TE CAUSE (0) LLOS	me June	mon	my cur	-elu	4	
			DUE TO, OR AS A CONSEQUE	NCBOF 0	H.	1100 6			
	Conditions, if a		(16) 1- NO	chure of	Cod	uffla	1		2000
	gave rise to couse (a), sh		DUE TO, OR AS A CONSEQUE	NGE OF B	,		1	10.505	
	underlying ca	use lost	1 10 (1)	leur ch	vvs			2 7977	
_	PART 2. OTHER S	IGNIFICANT (CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO	O THE TERMIN	NAL DISEASE OR COND	ITION GIV	EN IN PART 1	0'
CERTIFICATION									
ICA	19a DATE OF OPE	RATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORM	MED	200 AUTOPSY?		YING CAUSES	
RTIF						YES NO		s 🗌	ио □
	210. ACCIDENT WAS		THE PARTY OF THE P		IRY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 P	PART I OR PART 2)	
CAL	(IF EITHER, NOTHEY A	_		19					
MEDICAL	21d. INJURY OCC	URRED	21e. PLACE OF INJURY (AT HOME, STREET, EACTORY, OFFICE, FA	21f LOCATION		CITY OR TOV	VN	COUNTY	STATE
>	AT WORK AT	WHILE	(ATTIONE, STREET, EXCTORY, OFFICE, TY	A.C.)		0.			
	22a 1 certify that	(I) (this hospi	tal) attended the deceased from		19.84	to & ~ [6	2	19_7.	that (I) (we) lost
139	sow the dece	eased olive on	at) view the body ofter death.	ond that in (my) (or	ur) opinion de	eoth occurred on the do	te ond hou	r and from the	couses stated
1	226. SIGNATURE	er (did) (did ild	IT view the body offer deols.	DEGREE				22c DATE	SIGNED
					YSICIAN T	MEDICAL STAF		8.	10/87
	22d PHYSICIAN'S	NAME (TYPE C	OR PRINT)	22e ADDRESS	7	~.	n 1		1
	Curen	(D.1)	MONTANEZ L	17 330%	Dod	100 8K	1201	oned	bu by
23a. l	BURIAL, CREMATIC	N, REMOVAL	23b. DATE 23c	AME OF CEMETERY OR CRE	EMATORY	V34 LOCATION			
7	Stuciel		13 Sug St A	Consider Chaice	& Conta	BOWN		16.	m
	UNERAL DIRECTOR		7	1 Ambas	250 DATE	REC'D. BY REGISTRAR	Sb. REGIST	RAR'S SIGNAT	TURE
	NAME .		ADDRESS	0 07 11146					

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DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, p should be detached for use as the burial-transit permit. Then please remove corbanapers. Pages 1 and 2 should be filled within 72 hours ofter with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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		ED NAME	FIRST		MIDDLE		LAST			2a. D	ATE KNO	WN X	MONTH D	DAY YEAR	2b. HOUR
E 188	TIPE OR PR		Eugene		rnold	i de la		x, Jr			EATH MAT		8/6/84		M
STE	Ma.]			Mav 2		LAST BIRTHDAY) 17 YRS.	MONTHS		OURS MIR	N PRO	DATE NOUNCED DEAD		8/6/84	A 19	11:40 A M
至 2/70	BIRTHP	LACE (STATE C		76 CITIZEN OF	WHAT COUNT		MARRIED	☐ NEVER	MARRIED	X 9. B	ALTIMORE	CITY OR	COUNTY	OF DEATH	
	Mary	land			States		WIDOWED		OVORCED					County	
11/4	Che	rown of D verly		Prince	George	s Gene	eral H		100	FOR MOST	OCCUPATION OF WORKING L dent	ON (TYPE OF	F WORK 12b.	OR INDUSTR	SINESS
130	STATE	land	13b COUNTY Prince		13c. CITY C	RTOWN	13d.	INSIDE CITY L	LIMITS? 13e	STREET A	odress Palm	er Ro	oad	20744	
1/1/14	FATHER	'S NAME		MIDDLE	LA		15.	MOTHER'S	MAIDENN		WIDDLE			LAST	
	Euge	ene		A.	Fox	Sr.			eresa				Clac	ggett	
	WAS D (YES, NO.	OR UNKNOWN)	(IF YES, GIVE W			94-565	5	informai There	sa O.	Fox	1812 ^{AD} Fort	Palme Washi	er Roa	ad n, Md.	20744
	18	CAUSE OF DE	ATH (Enter only	ane couse per li BY:	ne for (a), (b), a	ond (c).) Cra	anio-c	ereb	ral Ir	juri	es			APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
Ociene, Division Opvital.	3	2121	IMMEDIATE	CAUSE (o)	OR AS A CONS	Multip EQUENCE OF		Julie	S						
VITAL HY	15		f any, which	4.5											
MENTAL HYGIENE, N, OR REMOVAL.			ing the <u>under</u> - ost.	DUE TO, C	R AS A CONSI	QUENCE OF		35	1.10	73					
AND WEI	PARI	2 OTHER SIGNIFIC	CANT CONDITIONS CO	ONTRIBUTING TO DEA	H BUT NOT RELATE	D TO THE TERMINA	AL DISEASE OR C	CONOITION GI	VEN IH PART 1	0					
_ <	2		_												
SE SE)
AL, CREA	190	DATE OF OPE	RATION	196 CON	OITION FOR W	HICH OPERAT	TION WAS F	PERFORME	D?				1	20 AUTOPSY	
BURIAL, CREA	190					HICH OPERAT				TAITE BALATION	E OF MINISTER	TITLE 18 F . C		YES 🔯	но 🗌
Searing ATION		EXTERNAL CA	AUSE WAS	21b TIME	OF INJURY	DAY YEAR	21c. HOW	INJURY O	CCURRED (E				RT T OR PART 2)	YES 🔯	
75	CON	EXTERNAL CA	AUSE WAS OR CAUSE OF DI	21b TIME AISPT 6 10:4k	OF INJURY MONTH D M. 8/6/	AY YEAR	drive	INJURY OC		auto	colli		RT T OR PART 2)	YES 🔯	
120 RIOR TO BURIAL, CREA	CON	EXTERNAL CA	AUSE WAS OR CAUSE OF DI	21b. TIME AND A EATH 10: 46 21e. PLAC STREET, F.	DEINJURY MONTH D	AY YEAR	21c HOW drive	INJURY OC	auto/	auto	COlli	ision Tead	COUNTY	YES 🛭	NO []
2/	21d WH AT	EXTERNAL CA PERLYING (NTRIBUTING (INJURY OCCU ILE NO WORK AT	AUSE WAS OR CAUSE OF DI	21b TIME AISPA'S 10:46 21e PLAC STREET, F	OF INJURY M. 8/6/ E OF INJURY ACTORY, FARM, ETC. AIGHWAY	DAY YEAR /84:9 (ATHOME,	21c HOW drive	INJURY OF	auto/	& Ind	COlli	ision Jead Geo	RT T OR PART 2)	YES 🛭	NO []
STATE	UNICON 21d WH AT	EXTERNAL CA PERLYING (NTRIBUTING (INJURY OCCU ILE NO WORK AT	AUSE WAS OR OR OR OR OR OR OF DI OR OF WHILE OF WORK of I look chorge	21b TIME AISPA'S 10:46 21e PLAC STREET, F	OF INJURY M. 8/6/ E OF INJURY ACTORY, FARM, ETC. AIGHWAY	AY YEAR 849 (AT HOME,)	21c. HOW drive 211 LOCAT STREET SWAN	INJURY OF	auto/	& Inc	colli	lead Geo	COUNTY HWY F	YES 🛭	NO []
STATE	UNICON 21d WH AT V	EXTERNAL CA	AUSE WAS OR OR OR OR OR OR OF DI OR OF WHILE OF WORK of I look chorge	21b TIME AISON A 21c PLAC 21c PLAC STREET, F	MONTH E M. 8/6/ M. 8/6	AY YEAR 849 (AT HOME,)	21c. HOW drive 211 LOCAT STREET SWAN Autopsy de	injury oce of one of the original injury oce of	auto/ Rd. Rspection [CIFY)	& Inc	colling or town lian Hamiltonian Hamiltoni	lead Geo	COUNTY - F	YES Mash	NO []
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STATE	UNICOP 21d WH AT V	EXTERNAL CA	AUSE WAS OR CAUSE OF DI URRED OT WHILE I WORK at I took chorge	21b TIME AISON A 21c PLAC 21c PLAC STREET, F	DF INJURY M. 8/6, M. 8/6, E OF INJURY ACTORY, FARM, ETC. Accident Kauffr	NAY YEAR 849 (ATHOME,) , held on X Suich	21c. HOW drive 211 LOCAT STREET SWAN Autopsy de	er of ION Creek XI. In Homicide TITLE (SPEC ASSIS	auto/ Rd. RD. Inspection [CIFY) Stant 111 P	& Inc MEDICAL Penn S	colli	lead Geo	COUNTY HWY . FI	YES Mash	NO []
AFTER DEATH, WITH THE STATE BAUMMORE, MARYLAND, 2120	UNIC CON 21d WH AT V	EXTERNAL CA	AUSE WAS AUSE OF DI OR CAUSE OF DI URRED OT WHILE T WORK of I took chorge om: Noturo	21b TIME AIDPT CALL TO THE PLACE STREET, F of the remains of courses	DF INJURY MONTH I M. 8/6, E OF INJURY ACTORY, FARM, ETC. Accident Kauffi 23c. NA	DAY YEAR /849 (AT HOME,) , held on X , Suich	21c. HOW drive 211 LOCAT STRET SWAN Autopsy de M.D DADD	er of ION Creek XI. In Homicide TITLE (SPEC ASSIS	auto/ Rd. Inspection Company Stant 111 P	& Inc & Inc Medical Medical Medical City or a city	colli	Head Geo	COUNTY HWY . FI	YES Mash	NO []



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

retained by the haspital ar attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and coi should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 with the State Dept, of Health and Mental Hygiene prior ta burial, crematian, ar remaval.

and completely filled in by the funeral ages 1 and 2 shauld be filed within 72

STATE OF MARYLAND

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1 - STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
1. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
CAROLI	NE H. GEORGE FRA	NKLIN	August 4,	1984 10:24
3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 H
Female	White	June 21, DAY 1914	70	YRS MONTHS DAYS HOURS M
To. BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8	9. BALTIMORE CITY OF	
Maryland	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Prince	eorges
10 CITY OR TOWN OF DEATH		ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	ON HALKIND OF PUSINESS
Lanham		1 of Prince Georg	ge's Secretar	Department
USUAL RESIDENCE (IF NURSING HOME O 130. STATE 13b. COU Maryland Prin		WN 134 INSIDE CITY LIMITS	5? 13. STREET ADDRESS / 6213 Kilm	ZIP CODE er Street 20785
14 FATHER'S NAME	MIDDLE George	Is MOTHER'S MAIDEN Margaret	NAME	Kraft
160 WAS DECEASED EVER IN U.S. AI		CURITY NO. 17 INFORMANT	ADDRE	(Husband)
(YES, NO OR UNKNOWN) (IF YES, GI	579 03	3019 Raymond N.	Franklin, Sr.	
It CAUSE OF DEATH (Enter of	nly ane cause per line for (a). (b), a		•	APPROXIMATE INTERVAL BETWEEN ONSET AND DE
	nly one couse per line for (o), (b), o ED BY: (TE CAUSE (o) HOPE	to- hend 1	suling	2 weeks
	DUE TO, OR AS A CONSEQUE (c)CONDITIONS CONTRIBUTING TO	DENCE OF	TERMINAL DISEASE OR CONF	DITION GIVEN IN PART LIO
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [196. CONDITION FOR WHICH	H OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJURY	71, HOW IN HIRVOC	CURRED (ENTER NATURE OF INJUR	YES NO
an constitution of Chiles of or	ATH HOUR A.M. MONTH	DAY YEAR	CONTED TENER NATURE OF THIS	TIN DEM TO PART TORPART 2)
WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	211. LOCATION	CITY OR TO	WN COUNTY STATE
220.1 certify that (I) (this hasp	ontol) attended the deceased from	. 19	nion death occurred on the do	ste and hour and from the couses states
27h SIGNATURE	& Julian	DEGREE ATTENDIN PHYSICIA	IGSTAF	22c. DATE SIGNED
224. PHYSICIAN'S NAME (TYPE	OR PRIMI	22e. ADDRESS		
			T D .	
Nelson G. Go				e, Md. 20715
	236. DATE 23c. 8/7/84 Ft	NAME OF CEMETERY OR CREMATO	DRY 23d. LOCATION	e, Md. 20/15 ood P.G. Marylan

DHMH - 16 50M 4/83 (VRA 15, 4)

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	Prince Georges			.P.1	firm System
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P07100 3a	onth postin from	Y.	y familial?	pripag Ceg	han frendl
	ations if	in round)	og noef	3	7'4-11
(hasdred)	unklin, Sr. Inna	H Snowent P	con to eta		
		e de tes	2. 7.4		
2007 / 4"	part from		4.750		
	part from		4.750		

	1. DEC	REGISTRAR CEASED NAME OR PRINTI	FIRST	jp ME	DICAL EXAMINER'S	LAST	20. DATE KNOWN	, NO.	DAY YEAR 26 HOUR
222	(TYPE	OR PRINT)	BETS	Y	A. G. FRE	ITAG	OF ESTI- DEATH MATED	□ 8 08	B 1984 M
T T T T T T T T T T T T T T T T T T T	SEX	emale Wh		Nov 20	VEAD LACT BURYING IN	NDER TYR. IF UNDER	24 HRS. 2t. DATE MIN. PRONOUNCED DEAD	MONTH 8 08	B 1984 D M
	7a BIF	RTHPLACE (STATE OF	R	76. CITIZEN OF W	HAT COUNTRY? 8 MARE	RIED NEVER MARR	T)	Georges	OF DEATH
4	10. CI	TY OR TOWN OF DI		(IF NOT IN SUCH FA	SPITAL, NURSING HOME, OR OTI ACILITY, GIVE STREET ADDRESS)	HER INSTITUTION	12g. USUAL OCCUPATION FOR MOST OF WORKING LIFE) Housewife	TYPE OF WORK 128	KIND OF BUSINESS OR INDUSTRY
7	USUA	neverly IL RESIDENCE (IF IN P I ATE ryland	13b. COUN P.G	OR OTHER INSTITUTION, G	eorge's General IVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN	134. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
	14 FA	THER'S NAME FIRST		WIDDLE	Cheverly	YES NO 1	MIDDLE		LAST
DIVISION OF VITAL		SSAC		MED FORCES?	Gorham 166. SOCIAL SECURITY NO.	Elizabe			lfour hesterwood
/		S, NO, OR UNKNOWN)		WAR OR DATES)	036-14-6542	Mr. Paul	A. Freitag D		
OR RE		Conditions, if gove rise to couse (o) statio	immediate	(b)	AS A CONSEQUENCE OF				
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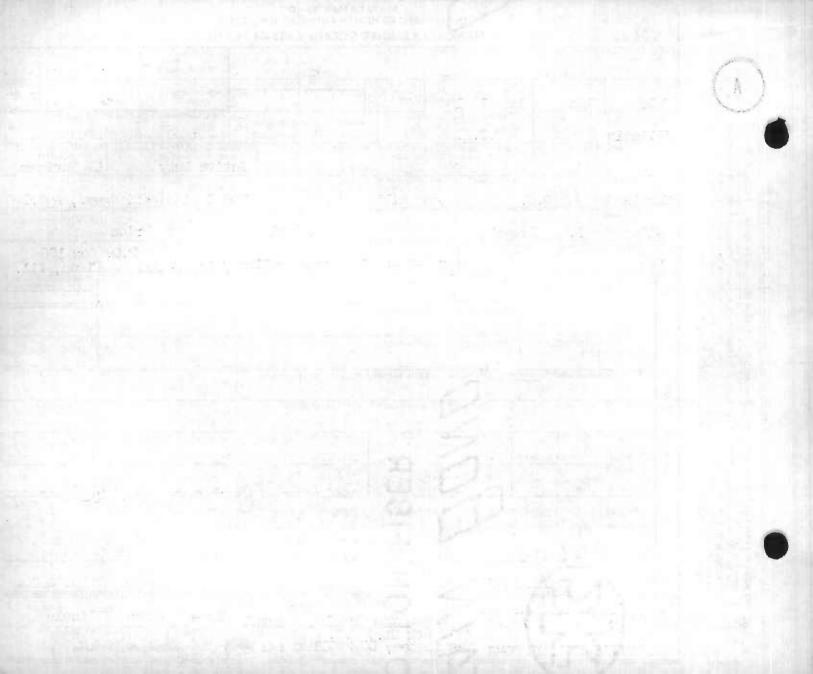
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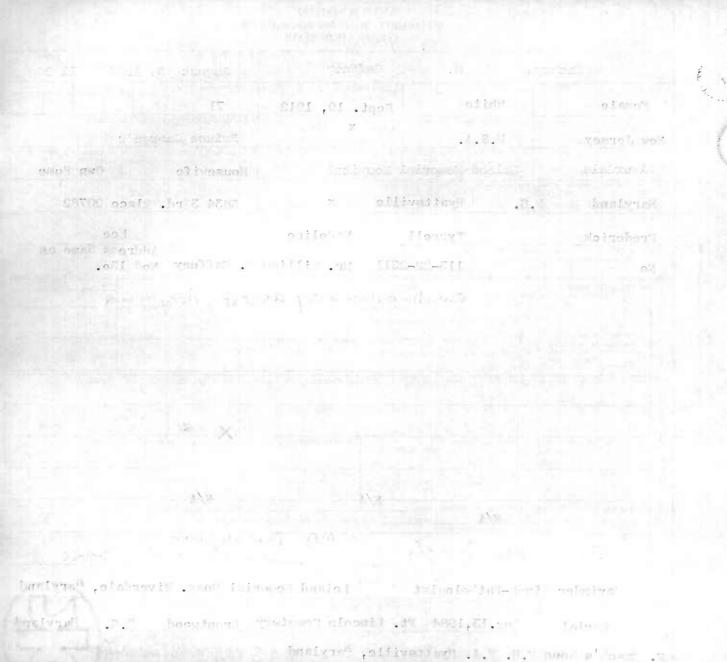
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR FIRST DECEASED NAME 26 DATE KNOWN YEAR 26 HOUR (TYPE OR PRINT) DEATH MATED X 84 Paul French 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS 2d HOUR DATE OF BIRTH DATE DAY LAST BIRTHDAY) PRONOUNCED 4:45 84 Male 1942 42 DEAD White Jan D. M 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR L CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED X FOREIGN COUNTRY U.S.A. Prince George's County, WIDOWED DIVORCED Illinois ID CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS Oxon Hill Active Duty US Marines 7903 Indian Head Highway, Apt. 100 USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) F. PAGES + AND 2 SHOULD DIVISION OF WHAT RECORD 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 3g. STATE 13c CITY OR TOWN 13b. COUNTY No ☐ 7903 Indian Head Hgwy., Apt.100 P.G. Oxon Hill YESX Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Marjorie Price Wilev French 17. INFORMANT 146 SOCIAL SECURITY NO. P.O. Box 156 355-30-5651 Marie Bullard/step-mother Cisna III 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Stab Wounds of Chest IMMEDIATE CAUSE (a)____ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YESXIX NO [] 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY est. 2(c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) HOUR A.M. MONTH DAY 19 84 subject was stabbed CONTRIBUTING CAUSE OF DEATH 8-6 IL LOCATION 214 INJURY OCCURRED 210 PLACE OF INJURY SATHOME. STREET, FACTORY, FARM, ETC. WHILE AT WORK Home 7903 Indian Head Highway, Apt. 100, Oxon Hill, PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAG AFTER DEATH, WITH THE STATE BARHMORE, MARYLAND, 2120 Autopsy X 220. I certify that I took charge of the remains described above, held an Inspection Hamicide XX death resulted from: Natural causes Undetermined monner My Assistant DATE 8-7-84 _MEDICAL EXAMINER EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn Street, Balto., Md. 21201 (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR SPECIFY) Removal Wayne Illinois Cisne 8/10/84 Hosselton-Deselms Funeral 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 4217 9th St., N.W. AUG Washington, DC 2001AUG **DHMH** - 17 (VR A15 ME (5) 20M 4/82





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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH

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16 CI	ITY OF TOWN OF DEATH		HOSPITAL, NURSING SHRACILITY, GIVE STREET A		OR OTHER INSTITUTION	12s USUAL OCCUPAT			OF BUSINESS
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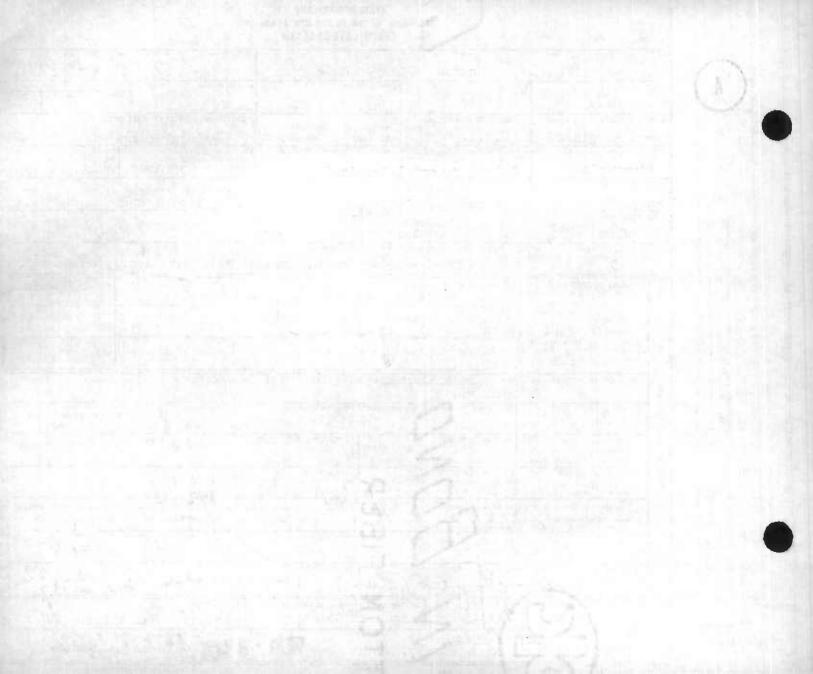
DHMH - 16 50M 4/83

14 FUNERAL DIRECTOR

Shaffer Funeral Home, Romney, WV

(VRA 15, 4)

TO FUNERAL DIRECTOR should be deteched for unwith the State Dept. of He



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y be ge 3 leoth		CEASED NAME FIRST E OR PRINT) MARC	GIE	R.	GASKILL		20 DATE OF DEATH	7Aug 04	7-84	26 HOUR 5 45PM
4 ma	3. SE	x FEMALE	4. RACE BLACK		SEPT 8,	1921	6. AGE IN YEARS LAST BIR	YRS.	DAYS DAYS	IF UNDER 24 HRS HOURS MIN.
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an and camps. Pages I an		WAS DECEASED EVER IN U.S. AR [YES, NO OR UNKNOWN] (IF YES, GIT	VE WAR OR DATES)	B 82 28			ADDR			
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BP		Burial, cremation, removal Burial	8/24/84		ncoln Memo	orial Cen			THE RESERVE	eryland
MH - 16 50M 4/83 (VRA 15, 4)		uneral director Lexander S. Pop	pe 2617 Pa	ADDRESS	.E. Wash.	- 17	TE REC'D. BY RI	SCOTON STATE	A SANCHAI	URE X

t de la companya de l LATERATE SECTION - COMMISSION -

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH 2b. HOUR THY US PRINTS MATTAN AGE UN YEARS LAST BIRTHDA 1 5EX 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS YEAR WHITE 9. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE I STATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED Prince Georges England DIVORCED WIDOWED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12g. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) PRINCE GEORGES GENERAL HOSPITAL Cheverly Operations-Real Estate Industry ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

30. STATE 136, COUNTY 134, CITY OR TOWN 138. STREET ADDRESS 113 Ross Avenue 13d. INSIDE CITY LIMITS? Bergen New Jersey Emerson NOF 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Rebecca Not Ascertained Max WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES NO OR UNKNOWN) HE YES, GIVE WAR OR DATES) Not Ascertained Hannah Gelfer Same as No. 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: CARDID GEDING SHOKE IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF INFARCTION Conditions, if ony, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g PART 2 OTHER SIGNIFICANT CONDITIONS 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOI YES NO D 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 P.M 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC) WHILE NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an above, (I) (we) (did) (did not) view the body atte death. and that in (my) (aur) apinian death occurred an the date and hour and fram the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ATTENDING VI 224 PHYSICIAN'S NAME (DELOP 22a. ADDRESS ATILL 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION Burial STATE 8/21/1984 Knollwood Park Cemetery Brooklyn, New York 24 FUNERAL DIRECTOR Donald M. Stein Hebrew Memorial F. HS. DATE REC'D. BY REGIS DHMH - 16 50M 4/82 Washington, D. C. AUG 22 1934 July Devilon 232 Carroll Street. N. W. (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE LAST 20 DATE OF DEATH MONTH 2h HOUR TYPE OR PRINT) ROBERT **GETZ** 10 4 RACE 5. DATE OF BIRTH 6. AGE | IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HR 3 SEX Male Caucasian June 21 O. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Pennsylvania PRINCE GEORGES COUNTY WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12g. USUAL OCCUPATION 126. KIND OF BUSINESS OR INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) CLINTON SOUTHERN MARYLAND HOSPITAL Real Estate Broker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Pr George's Clinton 6600 Groveton Drive Maryland YES X NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE Unknown Unknown 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 78 Bridle Path Drive LYES NO OR UNKNOWN LIF YES, GIVE WAR OR DATEST Waldorf, Maryland Robert T. Getz YES 18 CAUSE OF DEATH (Enter only one couse poline for (o), (b), and (c), i PART I, DEATH WAS CAUSED BY: PIDERMOID IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO T NOM YES [216. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HE EITHER NOTHY MEDICAL EXAMINER) PM 19 714 INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY AT HOME STREET FACTORY OFFICE FARM ETC) WHILE NOT WHILE 220 I certify that (1) (this hespital) attended the deceased from June sow the deceased alive on AUGUST (O obove, (1) (ma) (did not) view the body ofter death. and that in (ay) (our) opinion death occurred on the date and hour and from the causes stated SIGNATURE DEGREE 22c DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) Aug 14, 1984 Ft. Lincoln Cemetery Brentwood, 250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATUR 65000 Annapolis Road his Daydson- Handall Beall Funeral Home Bowie, Maryland

DHMH - 16 50M 4/83 (VRA 15, 4)

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16a.	WAS DECEASE YES, NO, OR UNKNO			MED FORCES? WAR OR DATES)		CIAL SECURITY		17. INFORM				AD	DRESS				
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	18 CAUSE C	F DEATH	H (Enter on	ly one cause per lin), ond (c).)									BET	PPROXIMA WEEN ONS	E INTERVAL T AND DEATH
1	lying cou	use last.													1		
NO		IGNIFICANT	CONDITIONS	(c)CONTRIBUTING TO DEATH	BUT NOT REL	TEO TO THE TERM	INAL DISEAS	E OR CONDITION	GIVEN IN PAR	T 1 Ial.							
CATION						NTEO TO THE TERMI				T 1 iai.					20	AUTOPSY	?
RTIFICATION	PART 2 OTNER SI	OPERA	TION	196 COND	TION FOR		ATION W	'AS PERFOR/	MED?							AUTOPSY	? NO 🗆
CALCERTIFICATION	PART 2 OTHER SI	AL CAUS	TION E WAS OR AUSE OF I	196 COND 216. TIME O HOUR A./ DEATH P.A	F INJURY A. MONTH	WHICH OPER. DAY YEAR 19	ATION W	OW INJURY	MED?		NATURE OF	F INJURY IN	ł ITEM 18 PA	ART I OR I			
MEDICAL CERTIFICATION	PART 2 OTHER SI	AL CAUS	TION E WAS OR AUSE OF L	21b. TIME CHOUR A.A. DEATH P.A.	F INJURY A. MONTH	DAY YEAR	21c. He	'AS PERFOR/	MED?		NATURE OI	S.	I ITEM 18 PA				
MEDICAL CERTIFICATION	PART 2 OTNER SI	AL CAUS AL CAUS G COCCURR OCCURR AT We ify that I	TION E WAS DR AUSE OF L ED WHILE ORK	21b. TIME CHOUR A.A. DEATH P.A.	F INJURY A. MONTH A. OF INJURY TORY, FARM, E	DAY YEAR 19 (AT HOME, TC.)	21c. He	CATION	OCCURRED) (ENTERNA	CITY OR	TOWN			PART 2)		но 🗆
MEDICAL CERTIFICATION	PART 2 OTNER SI 19a. DATE OF 21a. EXTERN. UNDERLYING CONTRIBUTI 21d. INJURY (WHILE AT WORK 22a. L certi	AL CAUS AL CAUS G COCCURR OCCURR AT We ify that I	TION E WAS DR AUSE OF L ED WHILE ORK	21b. TIME CHOUR A./ DEATH 21e. PLACE STREET, FAC	FINJURY A. MONTH A. OF INJURY Stroky, FARM, I	DAY YEAR 19 (AT HOME, TC.)	21c. Ho	CATION STREET Hamici TITLE (SE	OCCURRED) (ENTER N	Inqui	iry , manner	, and	c	OUNTY		NO
MEDICAL CERTIFICATION	PART 2 OTNER SI	AL CAUS G COCCURR NOT V AT We ify that I	E WAS OR LAUSE OF E WHILE ORK took charge Natur	21b. TIME CHOUR A./ DEATH 21e. PLACE STREET, FAC	FINJURY A. MONTH A. OF INJURY TORY, FARM, I	DAY YEAR 19 (AT HOME, TC.) TOUR HEID ON SUITE	21c. Ho	CATION SY X Hamic TITLE (SE	OCCURRED Inspection (de, PECIFY)	Undete	Inquiermined	iry ., manner AMINER	, and	d in my o	OUNTY Opinion ENED	YES 🔀	NO STATE
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	1. DEC	STATE REGISTRAR EASED NAME	FIRST		DEPART	CERTIF	IEATTH AND MENTAL H	REG. 20 DATE OF DEATH	NO.	DAY YEA	R 2b. HOUR
	(I ax	ON PRINCIP	Willia		R.		ifford			17 84	
1	2.SEX			4 RACE		5. DATE O	H DAY YEAR	6 AGE IN YEARS LAST I	BIRTHDAY	MONTHS DA	
H		THPLACE ISTATE	OR FOREIGN	White	WHAT COUNTRY	2 8	24, 1907	76 9 BALTIMORE CITY	OR COUNT	TY OF DEATH	1
2	0	nsylvani		U.S.A		MARRIE	D NEVER MARRIED DIVORCED	Duine Ce			
2		YORTOWN OF C		11. NAME OF		NG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPA ITYPE OF WORK FOR MOS Engineer	TION	LIFE) INDUST	DOF BUSINESS OF RY U.S. ine Corp.
6	USUA 130 S	RESIDENCE (IF N TATE Tyland	URS E OR OUT	OTHER INSTITUTION	13c. CITY OR TOV Hyattsv	RE ADMISSION) WN ille	13d. INSIDE CITY LIMITS?	13a STREET ADDRESS 4215 Van	s / ZIP COI	DE	
1		THER'S NAME		MIDDLE	TAST		15. MOTHER'S MAIDEN N	NAME	12:5		LAST
7	-	AS DECEASED EV		B.	Giffo		Cora 17 INFORMANT	ADD	RESS A		nton Same as
i	{Y	AS DECEASED EV (S, NO OR UNKNOWN)	(IF YES, GIV	war or dates)	577-10-			eth M. Giff			
		Canditions, if a gave rise to cause (a), staunderlying co	immediate ating the	(b)_	R AS A CONSEQUE	UENCE OF	Cerebro.	Væsculu Quel	acci	dul	
	IFICATION	gave rise to cause (a), sto underlying co	immediate ating the use last.	(b)	R AS A CONSEQUENCE ON TRIBUTING TO	UENCE OF COLORER BUT	Cerebro Reval NOT RELATED TO THE TE	VCRSCERIU QUEL RMINAL DISEASE OR CO	DINDITION G	GIVEN IN PAR	T I (a NDINGS USED ISES OF DEATH? NO
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	CAL	gave rise to cause (a), steunderlying co PART 2. OTHER S 19a DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER NOTIFY M) 21d. INJURY OCC	immediate adring the use last. IGNIFICANT (RATION UNDERLYING CAUSE OF DEA	DUE TO, O (c) 19b COND 19b COND ATH P. 21b PLACE	ON AS A CONSEQUENCE ON TRIBUTING TO	DEATH BUT H OPERATIO DAY YEAR	ON WAS PERFORMED	200 AUTOPSY? YES □ NO ▼	286. IF Y IN CERT	ES, WERE FIITTIFYING CAU	NDINGS USED USES OF DEATH? NO [
77		gave rise to cause (a), ste underlying co PART 2. OTHER S 19a DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING [(If EITHER NOTIFY MAT WORK NOTIFY MAT WOR	immediate ating the use last. IGNIFICANT (RATION UNDERIYING	DUE TO, O (c) IPP COND 19b COND ATH HOUR A. P. 21b PLACE (AT HOME. ST	OF INJURY M. MONTH E M. OF INJURY REET, FACTORY, OFFICE THE DECEMBER OF THE PROPERTY OF THE PR	DENCE OF DEATH BUT H OPERATIO DAY YEAR 19 FARM, ETC.)	211. LOCATION SIREET 10 S C 19 11 nd that in (my) (our) apinite	200 AUTOPSY? YES NO WOUNTED (ENTERNATURE OF IN	28b. IF Y IN CERT	COUNT	NDINGS USED ISES OF DEATH? NO [] STATE . that (I) (we) for the couses stated
カラブ		gave rise to cause (a), ste underlying co PART 2. OTHER S 190 DATE OF OPE 210. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER NOTIFY W 210 I Certify that saw the decobove, (1) (w) 220. SIGNATURE	immediate ading the use last. IGNIFICANT (RATION UNDERLYING CAUSE OF DEA AEDICAL EXAMINER URRED 1 WHILE P (1) (this hospi	DUE TO, O (c) 196 CONDITIONS CO	OF INJURY M. MONTH E M. OF INJURY REET, FACTORY, OFFICE THE DECEMBER OF THE PROPERTY OF THE PR	DENCE OF DEATH BUT H OPERATIO DAY YEAR 19 FARM, ETC.)	21r. HOW INJURY OCCI 211. LOCATION SIREET DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO WOURRED (ENTER NATURE OF IN	286. IF Y IN CERT	(ES, WERE FITTIFFING CAUYES COUNT) COUNT 19 226. D	NDINGS USED ISES OF DEATH? NO STATE
177		gave rise to cause (0), ste underlying co PART 2. OTHER S 190 DATE OF OPE 210. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY W 21d. INJURY OCC WHILE AT WORK NOTIFY W Sow the deceobove, (1) (we	immediate ading the use last. IGNIFICANT (RATION UNDERLYING CAUSE OF DEA AEDICAL EXAMINER URRED 1 WHILE P (1) (this hospi	DUE TO, O (c) 196 CONDITIONS CO	OF INJURY M. MONTH E M. OF INJURY REET, FACTORY, OFFICE THE DECEMBER OF THE PROPERTY OF THE PR	DENCE OF DEATH BUT H OPERATIO DAY YEAR 19 FARM, ETC.)	21r. HOW INJURY OCCI 211. LOCATION SIREET DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	200 AUTOPSY? YES NO WOURRED (ENTERNATURE OF IN	286. IF Y IN CERT	COUNTY 19 221. D AU	NDINGS USED ISES OF DEATH? NO 12) STATE At that (I) (we) for the couses stated ATE SIGNED 8.17, 1984
77	WEDICAL 23a. 8	GOVE FISE TO COURSE TO STATE OF OPE 210. ACCIDENT WAS OR CONTRIBUTIONS 214. INJURY OCC WHILE NOTIFY NOTIFY AT WORK 220. I certify that saw the decembers, (1) (w. 226. SIØNATURE 224. PHYSICIAN'S URIAL, CREMATIC PECIFY)	IMMEDIATE OF THE CONTROL OF THE CONT	DUE TO, O (c) DUE TO, O (c) 19b COND 19b COND 21b TIME C HOUR A 21c PLACE (AT HOME ST ital) oftended to DR PRINT! 23b. DATE	O SS. R AS A CONSEQUE CONTRIBUTING TO STATE OF INJURY M. MONTH E M. OF INJURY REET, FACTORY, OFFICE TO de deceosed from 19- Collected to 19-	DEATH BUT H OPERATIO DAY YEAR 19 FARM, ETC.)	21r. HOW INJURY OCCI 211. LOCATION SIREET DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	200 AUTOPSY? YES NO WOURRED (ENTERNATURE OF IN CITY OR On death accurred on the MEDICAL PHYS PL Bowie Rd Y 23d LOCATION CITY OR TOWN	286. IF Y IN CERT	COUNTY 19 221. D AU	NDINGS USED ISES OF DEATH? NO 12) STATE At that (I) (we) for the couses stated ATE SIGNED 8.17, 1984

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonopopers. Pages 1 and 2 should be filed within 72 hours of with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

FOR	
STATE	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N					
	OR PRINT) Henry	Go]	ldenb e	rg	August 29,	MONTH DAY YEAR	12:45			
3. SEX	male	RACE Caucasian	5. DATE C	. 15 PA 1914 YEAR	6. AGE IN YEARS LAST BI	RIHDAY) IF UNDER LYI MONTHS DA				
Né	RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY United States	WIDOWE		Prince Ge		М			
La	TY OR TOWN OF DEATH aPlata	Physicians Mer	torial		17g USUAL OCCUPAT (TYPEOF WORL FOR MOST POIICE C		D OF BUSINESS OF IRY York			
USUA 130 S Ma	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFO	ore admission)	13d. INSIDE CITY LIMITS? YES NO 🌁	13e.SIREEL ADDRESS	Ryan Place	an Place 2060/			
	THER'S NAME Taim FIRST Philli	p Goldenbarg	Goldenbarg Tillie			MIDDLE Brenner				
160 W Y€	VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 717 05		Annette Pos	addr stman Golde		me as #13			
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF THE CONSTRUCTION OF THE CONTRIBUTING TO	DEATH BUT		INAL DISEASE OR CONTROL 200 AUTOPSY?	NDITION GIVEN IN PAR 20b. IF YES, WERE FIN	NDINGS USED			
RTIFIC	71a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21s. HOW INJURY OCCUR	YES NO	YES 🗌	NO 🗌			
MEDICAL C	OR CONTRIBUTING _ CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE	ATH HOUR A.M. MONTH	19	211 LOCATION STREET	CITY OR TOWN COUNTY					
	sow the deceased alive or above, (I) (we) (did) (did no	nitol) ottended the deceased from 19 ott view the body ofter death.	44 %	nd that in (my) (our) opinion in	to gug death occurred on the					
	226. SIGNATURE 226. PHYSICIAN'S NAME (TYPE	Carter, M	n.D	ATTENDING PHYSICIAN [DIRECTOR PHYS	AFF _ A	ug · 29,1			
	Dr. Ann D			LaPlata, N	Md. 20646					
23Bt	BURIAL, CREMATION, REMOVAL			emetery or crematory olda Cemetery	23d LOCATION Huntar	gton, Long	Island			
24 FL	UNERAL DIRECTOR TOES	s-Pearson Funera Arlington, Vave2	1 Home 2201	SEP 25a DAT	O 4 PAR	735 REGISTRAR'S SIG	NATURE			

DHMH - 16 50M 4/B3 (VRA 15, 4)

BP.



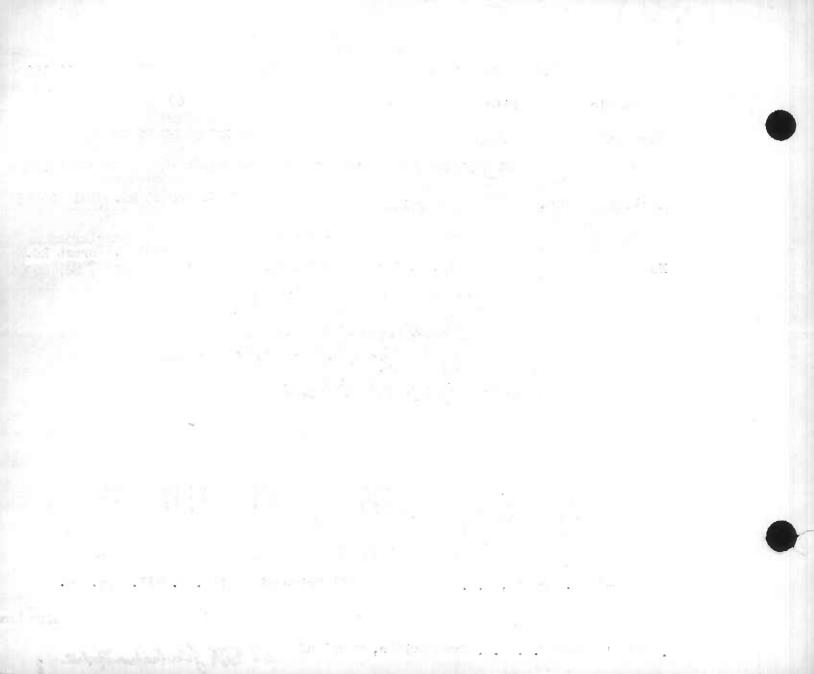
Gasch's Sons F. H. P. A. Hyattsville, aryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 2a DATE OF DEATH 2h HOUR 08-15-84 3 42 A AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS 9. BALTIMORE CITY OR COUNTY OF DEATH PRINCE GEORGE'S 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Carpenter Construction 13e STREET ADDRESS / ZIP CODE 6817 Standish Drive 20784 MIDDLE Murphy ADDRESS Address ame as No# 13e. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH LOSCLEROSLS HEART DESEASE UT NOT RELATED TO THE JERMINAL DISEASE OF CONDITION GIVEN IN PART TO VEHEART FAILURE HTD-TRIEN 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY CITY OR TOWN , and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN | DIRECTOR | PHYSICIAN | Aug. 17.1984 Md. Veterans Cemetery | Cheltenham Burial 24 FUNERAL DIRECTOR

DHMH - 16 50M 4/83 (VRA 15, 4)

.na ... - ment resident purchase and provide the second provider and the second providers and the second provid A Thirt or less dealers for the control of the cont torpaction to the state of the same of the same particles.

	1 - STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	SIENE 2 2 1	9 4
7.6	DECEASED NAME	EVELYN D. GO	ORDY	Ze DATE OF DEATH MONTH DAY	11:15A
ep ja	3. 5EX	4 RACE	5. DATE OF BIRTH	3,77,77,77,77,77	UNDER 1 YEAR FUNDER 24 HE
	Female	White	11 10 14	69 YRS.	NTHS DAYS HOURS ANN
186	7a BRIHPLACE (LIATEON) COUNTY)		MARRIED NEVER MARRIED	PRINCE GEORGE'S	
14	Maryland B. CITY OR TOWN OF DEA CHEVERLY		I WIDOWED TO DIVORCED	Saleslady	In KIND OF BUSINESS OF HOUSTRY HECht Compa
6	Maryland	125 E. S.	vattsville IM INSIDE CITY LIMITS?	6702 W. Forest Ro	
4	Edgar	MDDif B	eall Gertrude	MEDELE	I a med amount
7	THE WAS DECEASED EVER	IN U.S. ARMED FORCEST 146.5	OCIAL SECURITY NO. 17. INFORMANT 77-07-0013 Edgar Gordy	ADDRESS 104 I	Hargleroad Delford Avenu
5	PART 2. OTHER SIGN 19a DATE OF OPERA: 11a, ACCIDENT WAS UND	INFICANT GONDITIONS CONTRI	FOR WHICH OPERATION WAS PERFORMED		WERE FINDINGS USED NG CAUSES OF DEATH?
1	THE MULTINAS UNIT OR CONTENSIONS OF	AUSE OF DEATH HOUR A.M. /	WONTH DAY YEAR	RRED (1-HIER HATLING OF PHILIPS IN 1871 HE PART	tend tend
The second secon	22a I certify that (I)	IAT HOW. STREET, FA	posed from 19 ond that in(my) our) opinion	M, to 19	, that (Owe) lo
+	22d. PHYSICIAN'S NA	gray In A	APP ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN Sity Blvd. E. Sil.	Sing Md
MAPORTANT	23n RUDIAL CREMATION	REMOVAL 23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
	Burial 24 FUNERAL DIRECTOR	8/21/84	Holy Trinity Cemete	ery Bowie F	G. Mary



RYLAND

Xagaro P. godrigues, P.D. 5009 armum at., caple Hills, Pp.

	1. DE	REGISTRAR CEASED NAME	FIRST	IVIE	MIDDLE	AEV 2 C	LAST		REG. N	VO.	Y YEAR	Zh HOUR
	(TYE	E OR PRINT)	TMI	LLA		GRAY				© 8-3-84		
	3. SE)	4. RA		5. DATE OF BIRTH	6 AGE (IN)	EARS IF UN	DER TYR. IF UNDER	24 HRS. 2c.	DATE	MONTH DA		2d HOUR
	F	emale I	Black		YEAR LAST BIRTH		DAYS HOURS		NOUNCED DEAD	8-3-84	19	0:04
1	70 B	RTHPLACE (STATE OF	· ·	76 CITIZEN OF W	HAT COUNTRY?	Ta	ED NEVER MARR	IED DXI		OR COUNTY OF		
1		Maryland		U.S.	A	WIDOW				orge's C		7710
1	10. C	TY OR TOWN OF D	EATH	(IF NOT IN SUCH F	SPITAL, NURSING HOA ACILITY, GIVE STREET ADDRESS				CCUPATION (T F WORKING LIFE)	YPE OF WORK 12b	KIND OF BUS OR INDUSTR	SINESS
		everly	HIRSTANG HOUSE	Prince	George's Co	unty	Hospital	Bank	Telle	r	Bank	
	13a S	TATE	13b. COUN		Brandyw:		13d INSIDE CITY LIMITS? YEST NO	13e. STREET A		ZO(915 Pd	
		ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAID		WIDDLE	A WITH	LAST	
	7	James R.		Le			Genev	a		Gra		
	16a \	VAS DECEASED EVE ES, NO, OR UNKNOWN)	R IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOCIAL SECUR		17. INFORMANT	WHE !	ADDRES	SS		
		No				7337	Geneva	Gray	SAA			
ı		18 CAUSE OF DEA	ALAC CALICET	NA C	e for (o), (b), and (c).)					86	APPROXIMATE ETWEEN ONSET	TAND DEATH
ULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DEL "FENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO FE MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN IN ED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD B HEALTH AND MENTAL HYGIENE, DIVISION OF MITAL RECORDS. AL, CREMATION, OR REMOVAL.			IMMEDIA1		bwound and		un wound o	T chest				
		Conditions, if	ony, which	00210,0	K AS A CONSEQUENCE	OF						
	10	gave rise to couse (a) statu		DUE TO, OI	R AS A CONSEQUENCE	OF						
		lying couse las	<u>t.</u>	(c)								
	7	PART 2 OTHER SIGNIFICA	ANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TEL	MINAL OISEASI	OR CONDITION GIVEN IN PA	RT 1 to c				
	IOI	19a DATE OF OPER	RATION	TIPE COND	ITION FOR WHICH OPE	RATION W	AS PERFORMED?			20	AUTOPSY?	2
	FIC			170. CONO	morrow uniciron		No I EN ONNEO.			100	YES X	NO 🗆
	CERTIFICATION	210 EXTERNAL CA		216. TIME C			OW INJURY OCCURRE	D (ENTER NATURE	OF INJURY IN ITEM	18 PART 1 OR PART 2)	IES (A)	NO
		UNDERLYING CONTRIBUTING	XOR CAUSE OF I	DEATH HOUR S	M 8 - 3 - 84 YE	" sub	ject stabb	ed and	shot du	ring alt	ercat	ion
	MEDICAL	21d IN ILIRY OCCU	RRED	21e PLACE	OF INJURY (AT HOME,		CATION	CHV	OR TOWN	COUNTY		STATE
	5	WHILE NO	WORK E	hor	CTORY, FARM, ETC.)	144	Cree Driv	e	Forest	Hgts., M	laryla	nd
				e of the remains de	escribed obave, held an	Autop	sy X. Inspectio	n . Inc	quiry .	and in my apinian)	7.14
		death resulted fro	m: Natur	ol causes ,	Accident . S	vicide	Hamicide X.	Undetermin	ed manner	,		
		ACTUAL	1	1			TITLE (SPECIFY)	1		DATE	0 4 0	1
-		SIGNATURE		1	-	M	Assistan	MEDICAL	EXAMINER	SIGNED	8-4-84	4
	1400	EXAMINER'S NAM (TYPE OR PRINT)	E Gre	gord R. I	Kauffman, M	.D.	ADDRESS111	Penn ST	reet		11 - 1	EES
	23a. B	URIAL, CREMATION			23c. NAME OF C			23d LOCATI	ON vn	COUNTY	ST	TATE
	26.5	Buria	1	8-8-84	St.Tho	mas		Bran	dywine	P.G	M	D
	24. F	UNERAL DIRECTOR					250. DATE	REC'D. BY REG	ISTRAR 256 REC	GISTRAR'S SIGNA	ATURE	
	ATS.		DAT T	ADDRES TO A	AQUASCO	MT	Alio a-	5 100%	20. 2	idson-Rand	1.00	

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STATE OF MARYLAND

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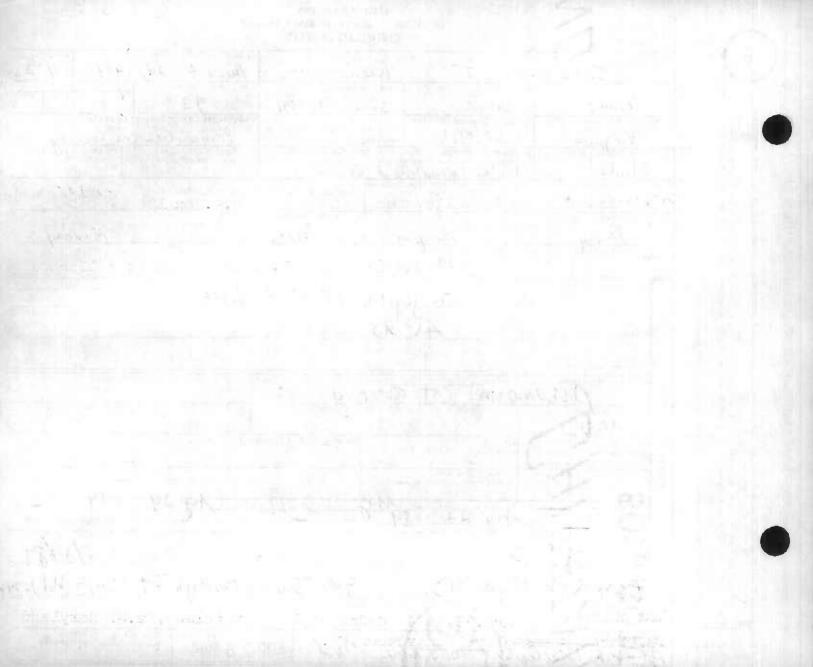
2 2 7660 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 2a DATE OF DEATH 2b. HOUR (TYPE OR PRINT) Bessie Greene 84 IF UNDER 1 YEAR 4. RACE 5 DATE OF BIRTH A. AGE LIN YEARS LAST BIRTHDAY IE UNDER 24 HRS 3. SEX YEAR Female. 33 05 04 Black BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Prince George's Marvland WIDOWED DIVORCED T 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE Southern Maryland Hospital INDUSTRY Clinton Homemaker Domestic MARYLAND 21201 USUAL RESIDENCE (IF NU. 10. DAE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 132. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 4700 Springfield Court Md P.G Brandywine YES X NO 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE Clayton Bessie Jackson Burroughs PRESTON ST., BALTIMORE, 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? NO OR UNKNOWN) HEYES GIVE WAR OR DATEST SAA James Green APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),)
PART I, DEATH WAS CAUSED BY: Ardiopulmenary IMMEDIATE CAUSE (a) AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting the 3 b underlying cause lost. 2 MD 201 TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1/0 DIVISION OF VITAL RECORDS, CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES [NO P 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 8 MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21s PLACE OF INJURY 211. LOCATION CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) Tilme 220.1 certify that (1) (this haspital) attended the deceased from_ 10 824 saw the deceased alive an. and that in (my) (my) pinion death occurred on the date and have and from the causes stated obove, (I) (me)-(did) (did not) view the body ofter death ould be detached the State Dept. 1226. SIGNATURE DEGREE 22c. DATE SIGNED eldren mo ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN D MPORTANT. 22d PHYSICIAN'S NAME (TYPE OR PRINT 22e ADDRESS Thomas Fieldson Brandywine Maryland 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23e. BURIAL CREMATION, REMOVAL STATE 8-39-84 Burial Union A.M.E CH Brandywine MD 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 25% REGISTRAR'S SIGNATURE DHMH - 16 50M 4/82 ADAMS F.H. PA AQUASCO MARYLAND20608 (VRA 15, 4)

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lonaye

(VRA 15, 4)

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE'S CERTIFICATE OF DEATH

74 FUNERAL DIRECTOR **HIGHARD** Anatomy Board (VRA 15, 4)

- STATE

REGISTRAR

ADDRESS. Balto., Md.

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DHMH - 16 50M 4/83



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	A DE CE	3. SI	EX 4. RACE	S. DATE OF BIRT	Н	6. AGE I IN YEAR	IF UNDER	YR. IF UNDER		ATE DUNCED	HIMOM	DAY YEAR	2d HOUR
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4	B4258 //	1 70	BIRTHPLACE STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNT	RY? 8	MARRIED D	NEVER MARRI	ED . 9. BALT	IMORE CITY	OR COUNT	Y OF DEATH	
	S S S S		IRGINIA	U.S.A.			WIDOWED [DIVORC		PRINCE			MD.
	ZOTE SOL	V 10. 0	CITY OR TOWN OF DEATH		DSPITAL, NUR FACILITY, GIVE STE	SING HOME,	OR OTHER IN	STITUTION	12a USUAL OC	WORKING LIFE)	PE OF WORK	OR INDUS	USINESS TRY
	OS, PER	I I	RIVERDALE JAL RESIDENCE LIF IN NURSING P		64TH AV				TICKET	AGENT		GREYH	OUND
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3	DEATH. GES 1, 2 WA PM 3 I AND 2 OF VITAL	0	FIRST	MIDDLE		AST	13.74	FIRST		MIDDLE		LAST	TROOM
Š	E PAGE FORM SES 1 AI	160	WILLIAM WAS DECEASED EVER IN U.S	ARMED FORCES?	GROFF.	SR.	NO. 17. IN	MILDRE	:0	ADDRES	S	WILK	ERSON
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		=	18 CAUSE OF DEATH (Ent	er anly ane cause per li				OLIVEY I	0.00	Sit	ML 75	APPROXIMA	
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0	NER ALT		Canditions, if any, v					7		7		AT LES	11:35
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2	WARDE PAGE 3 17ATE D	1	AT WORK AT WORK										
	W T O .		22a I certify that I taak	charge of the remains d	lescribed abov	e, held an	Autopsy _], Inspection	n 1 Inqu	iry 4. a	nd in my api	nian	
4	EXAMINER CERTIFICAT ULD BE FOR DIRECTOR I, WITH THE MARYLAND		death resulted fram:	Natural causes 2,	Accident	, Suice	de 🔲,	Hamicide .	Undetermined	manner .			
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	TO MEDICAL EXAM EXECUTE THE CERT PAGE 4 SHOULD B TO FUNERAL DIRE AFTER DEATH, WITH	230.	BURIAL CREMATION REMOV	AL 23b. DATE	23c. N	AME OF CEMI			23d LOCATION	N	700	THE STATE OF	1-201
	8P	1	(SPECIFY) BURIAL	8/9/84	Н	IGHLAND	CEMET	ERY	DANVI	LLE PI	TTSYL		VA.
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

1 DEC	REGISTRAR CEASED NAME FIRST	WIDDLE		ICATE OF DEATH	REG. NO.	DAY YEAR	2b. HOUR		
	OR PRINT)		المالدات						
	William		GROVES	Sr.	August 6, 1984	IF UNDER 1 YEAR	6:15		
3. SEX	(4 RACE	5. DATE C	DAR MEAD	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS M		
_	Male	Caucasian	Augu	st 5, 1900	84 YRS				
7a. BIF	RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUNTRY	? 8 MARRIE	KNEVER MARRIED	9. BALTIMORE CITY OR COUNT	TY OF DEATH			
	rginia	USA	WIDOWE		Prince Georg	e's Cour	ity		
10. CT	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI		OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OI	BUSINESS		
-	Lanham	Doctors' Hospit		Pr. Geo. Co.	Painter	Paint	ing		
USUA	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE RESIDENCE BEFOR	RE ADMISSION)	The state of the s					
		eorge's Glenn Da		YES TO NO [6919 Glenn Dale		20760		
	ATHER'S NAME	eorke a lotemi ne	TE	15. MOTHER'S MAIDEN NA		s Moad 2	-0109		
	FIRST	MIDDLE TAST		FIRST	MIDDLE	LAST	-2-		
14- 14		A. Groves,	LIBITY NO	Mary 17 INFORMANT	L. ADDRESS	Edwar			
	YES, NO OR UNKNOWN) (IF YES, GI	IVE WAR (IR DATES)			6919 Glenn I				
	NO, -	213-16-2	2303 A	Anna V. Grove	es Glenn Dale,		MATE INTERVA		
NO	PART 2 OTHER SIGNIFICANT PALLEL	CONDITIONS CONTRIBUTING TO		NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	IVEN IN PART TIO	19		
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATIO	N WAS PERFO ME	IN CERT	ES, WERE FINDIN IFYING CAUSES YES			
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEM TO	3 PART I OR PART 2)	1911		
0	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION	CITY OF LOWN	COUNTY			
ME	AT WORK AT WORK			J. C.	CITORIOWIN	PIN	STAT		
ME	22a.1 certify that (I) (this hasp	oital) attended the deceased from n 192	7 - 8 7 - or	7 1984	, to 8 - 6 death accurred on the date and he	our and from the a			
ME	22a.1 certify that (I) (this hosp sow the deceased alive or obove, (I) (we) (did) (did no 22b. SIGNATURE)	of view the body after death. Dakheel		7 198 4 nd that in (my) (aur) apinion of the control of the contro	, to 8 - 8 death accurred on the date and ha	. ,	hat (1) (we couses state		
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DHMH - 16 50M 4/83 (VRA 15, 4)

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3	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEA	OF MARYLAND LITH AND MENTAL HYGII ATE OF DEATH		12
(, B;)		CEASED NAME PIRST	F HALL		20. DATE OF BEATH MONTH	DAY YEAR 28. HOUR 7 115
inedia.	3. SE	Female	Black Black Decem	DAY YEAR 1891	, IGE IN THIS (AST BIRTHDAY) YRS.	WUNDER I VEAR IF UNDER 24 H
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is that the death cert ed by the ottending I please remove carbon rial, cremation, or ret , or other traumatic ev		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF (b) Cetal provoculors DUE TO, OR AS A CONSEQUENCE OF	mpreioney		
The low require scion. The low sequire scion. The hos been sign sign permit. Then giene prior to bu shows ony injury.	CERTIFICATION	Deaper 25	Mellitus, Gy. 1 Bl	WAS PERFORMED	200 AUTOPSY? 206. IF YE IN CERT! YES NO Y	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \)
PHYSICIAN: tending phys this certifico he burial-trot nd Mental Hy cd or Nem 18	MEDICAL CE	218. ACCIDENT WAS UNDERLYIND OF CONTRIBUTING OF CAUSE OF DE LIFE ETHER NOTIFY MEDICAL EXAMINE OF COURTED	H HOUR A.M. MONTH DAY YEAR P.M. 19	TIL LOCATION STREET	D (ENTER NATURE OF INJURY IN ITEM 18 CITY OR TOWN	PART I OR PART 2) COUNTY STATE
OR ATTENDING he hospital or on DIRECTOR: Affer oched for use as it Dept. of Health o		22a.1 certify that (I) (this hosp sow the deceased alive or	view the body after death! 19, and t	GREE	ooth occurred an the date and ha	224. DATE SIGNED
TO HOSPITAL O retained by the TO FUNERAL DI should be detact with the State Do MAPORTANT: If I		727d. PHYSICIAN'S NAME TO C	MID	7676 New	MEDICAL STAFF DIRECTOR PHYSICIAN DO.	400 Largleys
BP		BURIAL, CREMATION, REMOVAL	9/3/84 Pleasant	Valley Mem Pk	23d. LOCATION ANNANdale	COUNTY Va STATE
DHMH - 16 50M 4/82 (VRA 15, 4)		INERAL DIRECTOR Robe	& B. Bakengr ADDRESS 2605 80 Service Aylington	Shirling SEP	REC'D. BY REGISTRAR 25 REGIS	Davidson-Randale

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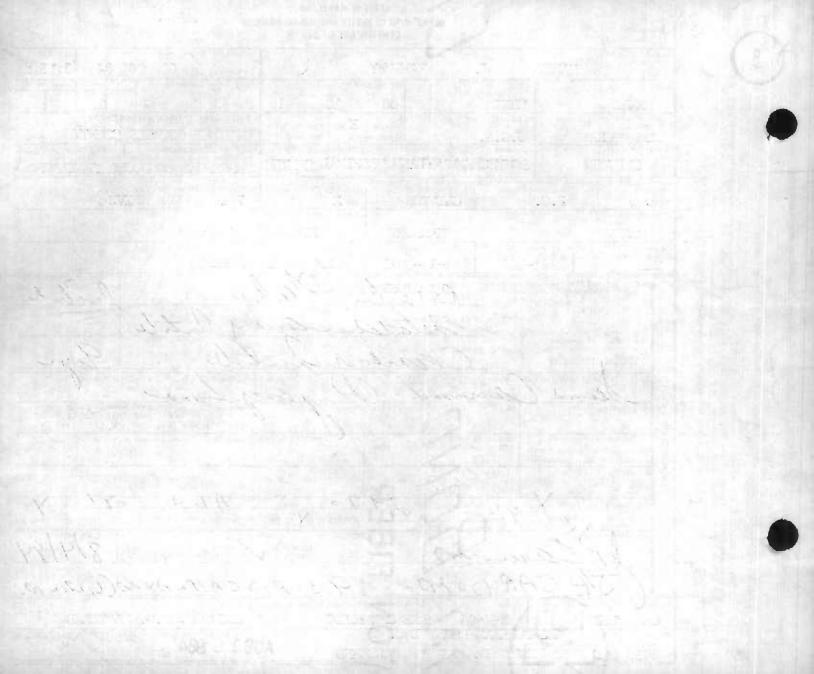
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DEATH	MONTH
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		sow the deceys	edialive on data (did no	t) view the body	v after death.	17.	ind that in any	spinion April (sleath occurred on	the date and	hour or	nd from the	courses sho	ited
		279. SHISH TURN	1	- N. C. S. C		COLL	DEGREE		,			77c DATE	PIGNED	
		J.P.	11		in			PHYSICIAN [DOIRECTOR [] P	STAFF HYSICIAN []		181	41	84
		224 PHYTICIAN'S N	AME INPLO	or PRINTY	100000000000000000000000000000000000000	- 301	27e ADDRE	55						
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	224 0	SUNIAL CHEMATION	WEALTH AT	2 1	7 - 1	MAMERE	CEMETERY OR	NAME AND ADDRESS OF THE OWNER, TH	1234 LOCATION		- 40	C4/4	NON	PV.
	1000	REMATTON	HE MILLY AL	8-4-	100		MATORY	CHEMATURY	CHY 68 10	N. P.G	. 14	A DVT A	ATD A	TATE
		DECAME LIVE		0-4-	C3.00 [1] (F	41.4	ATTACA EL VIEL E			AV	f - 141/	MITIM	VII	

DHMH - 16 50M 4/83

LEE FUNERAL HOME, INC. H PUNERAL DIRECTOR LEE FUNERAL HOME, INC.
6633 OLD ALEX FERRY RD., CLINTON, MARYLAND (VRA 15, 4)

AUS 1 0 1984



_		FOR	
1	-	STATE	
		REGISTRAR	
_	_		

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL KYGIENES

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

1	- S	TATE EGISTRAR	ISTRAR CERTIFICATE OF DEATH							REG. NO.					
- 1	1. DECE.	ASED NAME	FIRST	٨	MIDDLE	L	AST		20 DATE	OF DEATH	AONTH [DAY YEAR	2b. HOUI	R	
-1	(TITE OR	renar)	WILL:	IAM	R		HANNA			AUGUST	6	1984	6:1	.5A _M	
-1	3. SE X			4 RACE		5. DATE C		YEAR	6 AGE	IN YEARS LAST BIRTH		IF UNDER TYEAR		24 HRS	
	M	ale		White	•	Jun	e 20,	1899	85 YRS.						
1		HPLACE (STATE OF	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVE	MARRIED -	9 BALTIMORE CITY OR COUNTY OF DEATH						
4	Nor	th Carol	ina	U.S.A	1.	WIDOWE		ONORCED [PRI	NCE GEO	RGES	COUNTY		MD.	
7	10 CITY	OR TOWN OF DEA	TH		HOSPITAL, NURSIN		OR OTHER IN	STITUTION		AL OCCUPATION			OF BUSINE	SSOR	
4	La	urel		GREATE	R LAUREL	BELT	SVILLE	HOSPITA	L Ag	ricultu	ıral	U.S.	Gov	't.	
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0	14. FATH	ER'S NAME		MIDDLE	LAST		15 MOTHE	R'S MAIDEN NAM	ΛE	WIDDLE			AST		
	Wi.	lliam		A.	Hanna		Anna	L1K21		MIDDLE		Fort	(31		
Ī		S DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORM	MANT		ADDRES	s Add	ress S	ame	as	
1		s-Navy	W.W		218-38-8	3246	Mrs.	Dorothy	y E.	Hanna	No#	13e.			
	- P	Conditions, il ony, gove rise to imm couse (a), statin underlying cause	which nediate ig the last	(b)	R AS A CONSEQUE	CAR WAY	DIAL DIAL NOT RELAT	OTER	ARC 1	TTON SISDA	8E	EN IN PART 1	Ia.		
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		RIAL, CREMATION,	REMOVAL	23b. DATE	23€. №	NAME OF C	EMETERY O	RCREMATORY	23d. LC	OCATION CITY OF TOWN		COUNTY	51	TATE	
	, see	Buri	al	Aug. 9.	1984 G	eo. W	lash.	Cemeter	y Hy	attsvi.	lle	P.G.	Mary	land	

F. Gasch's Sons F.H. P.A. Hyattsville, Mdy

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and c should be detached far use as the burial-transit permit. Then please remave carbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

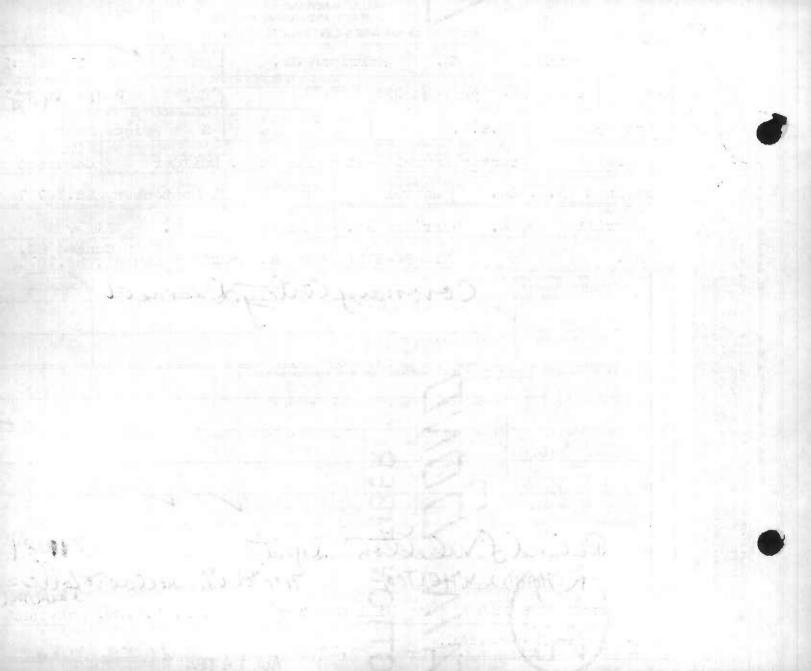
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			/ 4 / 8 4 KAM STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH			REG. NO.	
	CEASED NAME PE OR PRINT)	FIRST	WIDDIE	LAST	20. DATE KNOWN MON		
		ELEN LOUIS		HARRIS	DEATH MATED 8	16 19 84 M	
3 SEX		MONTH DAY	YEAR LAST BIRTHDAY) MON	NTHS DAYS HOURS	MIN. PRONOUNCED	12.62	
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(74		(IF NOT IN SUCH I	FACILITY, GIVE STREET ADDRESS)	Contract of the Contract of th	FOR MOST OF WORKING LIFE)	OR INDUSTRY	
	INHAM AL RESIDENCE (IF IN NU	RSING HOME OR OTHER INSTITUTION, O	• Hospital of P		Homemaker	Home	
	arvland	P.G.Co.	Greenbelt	13d. INSIDE CITY LIMITS? YES SEE NO	13e STREET ADDRESS 71 J Ridge Road /	/ 20770	
-	ATHER'S NAME			15. MOTHER'S MAIDEN			
2	Louis	MIDDLE E	Hall	Bertha	MIDDLE	Hall	
	WAS DECEASED EVER	IN U.S. ARMED FORCES?	16b. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS		
(4	NO NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES) None	217-42-4576	Milton T. H	Harris III (Son) S	Same as # 13.	
	18 CAUSE OF DEAT	H (Enter only one couse per lin				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
RIAL, CREMATION, OR REMOVAL.		(c) (c) (CONTRIBUTING TO DEAT	OR AS A CONSEQUENCE OF		T1 (e).		
CERTIFICATION	19a. DATE OF OPERA	ATION 196 COND	DITION FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?	
	21a. EXTERNAL CAU UNDERLYING CONTRIBUTING	OR HOUR A. CAUSE OF DEATH	M. MONTH DAY YEAR M. 19		ENTER NATURE OF INJURY IN ITEM 18 PART I O		
MEDICAL	21d INJURY OCCUR WHILE NOT AT WORK AT W	WHILE TO STREET, FA	E OF INJURY (AT HOME, CTORY, FARM, ETC.)	OCATION STREET	CITY OR TOWN	COUNTY STATE	
TO FUNERAL DIRECTOR: PAGE AFFER DEATH, WITH THE STATE BALTMORE, MARYLAND, 21201	22a I certify that death resulted from	I took charge of the remains discrete Natural causes X.	escribed obove, held an Auto	ppsy , Inspection Homicide .	Undetermined manner ,		
IEK DEATH, WITH THE	EXAMINER'S NAME (TYPE OR PRINT)	Augusto P. Ro	driguez M.D.	M.D.	medical examiner sic	Hills, Md.	
Z 230. B	EXAMINER'S NAME	Augusto P. Ro	drigue M.D.	ADDRESOOS Ray		Hills, Md.	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME MIDDLE 20 DATE KNOWN ANDNIH 2b. HOUR (TYPE OR PRINT) OF ESTI-Harrison Jr. Merrill L. 8:25 Aug 84 6. AGE (IN YEARS IF UNDER TYR. SEX 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS 2c. DATE PRONOUNCED White June 26,1940 44 vos Male DEAD 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR **9 BALTIMORE CITY OR COUNTY OF DEATH** MARRIED X NEVER MARRIED Maryland U.S.A. Prince George Ø WIDOWED DIVORCED IB CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK Greater Laurel Beltsville Hosp. Builder Laurel Contractor USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 932 Montgomery St.20707 Laurel Maryland M. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Harrison Sr. Minnie Merrill Riley M . 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. ADARES 00 Contee Rd. No. 215-36-3751 John A. Harrison Laurel, Md. 20708 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: AND MENTAL HYGIENE, ATION, OR REMOVAL. BURIAL-TRANSIT Canditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF OF HEALTH AND MENTRIAL - JRIAL, CREMATION, C lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION FORWARDED TO THE CHIEF N OR: PAGE 3 SHOULD BE USED A HE STATE DEPARTMENT OF HEA IND, 21201 PRIOR TO BURIAL, C 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES [NO A 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 2Tc. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 214 INJURY OCCURRED 21e PLACE OF INJURY LATHOME. 21f. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 2 220. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion Undetermined manner death resulted from: Homicide 230 BURIAL, CREMATION, REMOVAL SPECIFY) Burial 8/13/84 Ivy Hill Cemetery Laurel, P.G.Co. Maryland BP FireCK FUNERAL HOME OF TWO. 7601 Sandy Spring Rd. Laurel 250. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) Md.20707 20M 4/B2



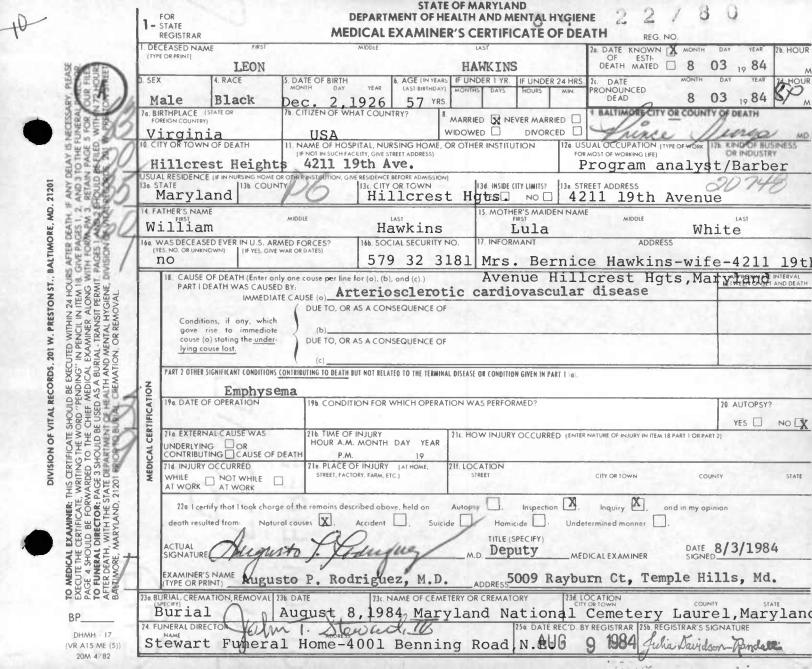
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE; - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME LAST 2a. DATE OF DEATH 26 HOUR (TYPE OR PRINT) Florence H. Harvey 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 5 DATE OF BIRTH 3 SEX MONTH YEAR Female Caucasian 1921 November 70. BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY Pennsylvania USA WIDOWED DIVORCED Prince George's County 126. KIND OF BUSINESS ID CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Doctor's Hospital of Pr.Geo. Co. Lanham Homemaker own home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 130 STATE 13e.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Maryland Pr George's 12112 Tulip Grove Drive 20715 Bowie YES T 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Jacob Heebner Estelle Shellenberger 12112 Tulip Grove Drive 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 97-14-1621 Bowie, Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED ă IN CERTIFYING CAUSES OF DEATH? NO YES [NO [Hyg 210. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) 216. TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH DIVISION OF MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 III LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY 0 CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY OFFICE FARM ETC 1 NOT WHILE 22a.1 certify that (I) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (and) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did not) view the body ofter death DEGREE 22c DATE SIGNED 22h. SIGNATURE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS d b houl with 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE Aug 20,1984 White Marsh Mem. Park Removal Burial Horsham Twsp. Montgomery 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S STONATOR AND AUTOMORPHICAL AND AUTOMORP 16000 Annapolis Road DHMH - 16 50M 4/83 (VRA 15, 4) Beall Funeral Home Bowie, Maryland

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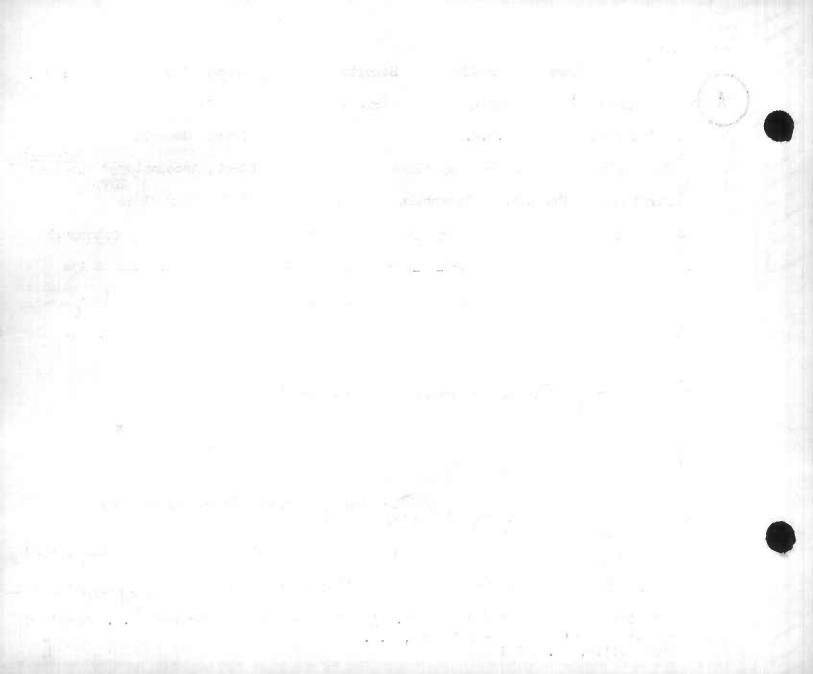
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAMED on ald 2n. DATE OF DEATH Thornton 2b. HOUR Herrian. 8-2 -84 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IE UNDER 24 HRS 3. SEX 4. RACE Male Caucasian Nov. 30. 1930 53 TO BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH TE CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED U.S.A. Alabama CORAP WIDOWED DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 12h KIND OF BUSINESS OF (TYPE OF WORK FOR MOST OF WORKING LIFE) lelephone SUAL RESIDENCE (IF NUR 13e.STREET ADDRESS / ZIP CODE Waldorf 13d. INSIDE CITY LIMITS? Md. Charles 1710 Temi Drive 20601 NO X A FATHER'S NAME 15 MOTHER'S MAIDEN NAME Ernest Thornton Herrino Thompson ADDRESS 160 WAS DECEASED EVE ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Same as # 13 (YES NO OR UNKNOWN) Mary Evelyn Herring. Yes Vietnam 424-30-8356 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line or to), (b), and ic PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 CERTIFICATION 198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [] NO I 21h TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death. DEGREE 22c. DATE SIGNED 22b. SIGNATU ATTENDING MEDICAL STAFF id be dete PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23a BURIAL CREMATION, REMOVAL (SPECIFY) Burial Cheltenham, Pr. Geo. Md. Md. Veterans Cem. 8-6-84 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 runa Daydoon-Handell Huntt Funeral Home, Waldorf, Maryland (VRA 15, 4)

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

XXXX 9-2-84 Wesley Methodist

Prince Frederick Calvert Md.

256. DATE REC'D. BY REGISTRARY 25b. REGISTRAR'S SIGNATURE

Aulie Davidson-Rondals

Donald V. Borgwardt Port Republic Md. 20676

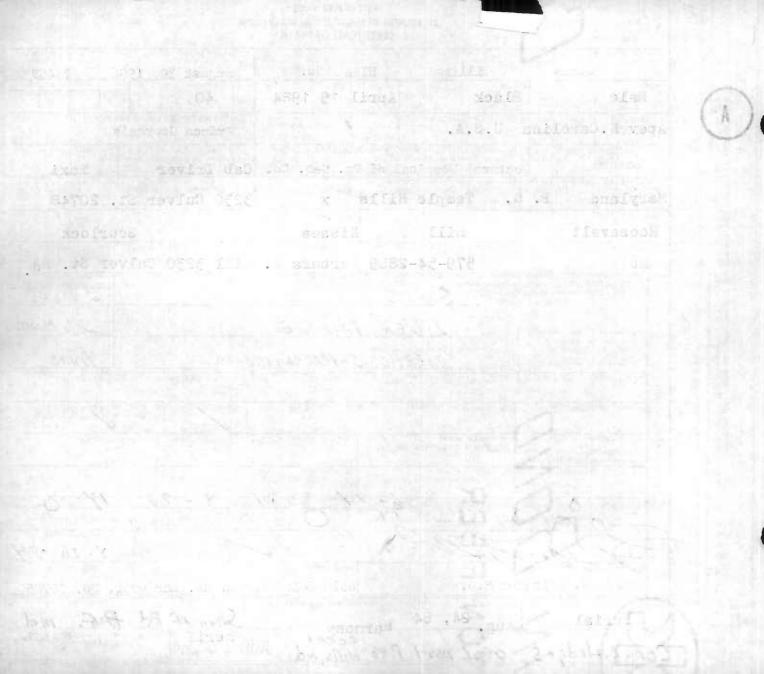
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MD.	- 04///	14. F/	ATHER'S NAME		м	MODLE		AST		£ 16	R'S MAIDEN		MI	DDLE		LAST	
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OWI	FORM PM FORM PM FORM PM FES 1 AND ION OF ST	16a V	VAS DECEASED	EVER IN U.S	S. ARMED	OFORCES?	16b. SOC	IAL SECURITY	NO.	17 INFORM				ADDRES			
PRESTON ST., BALTIMORE, ITHIN 24 HOURS AFTER DEAT	URS AFTER DE B. GIVE PAGE WITH FORM IT. PAGES 1 A DIVISION OF	No								Mand	y Hic	kman		Sa	ame as	s 13e	
	WIT. PIN.		18 CAUSE OF	DEATH (Ent	ter only o	ne couse per line	for (o), (b)	ond (c).)	13							APPROXIF BETWEEN O	MATE INTERVAL
	24 HOUR ITEM 1B. LONG W PERMIT. GIENE, D		PARTIDE	ATH WAS CA	EDIATE C	AUSE (a) Sta	ab wo	und of	ches	st					0.00		1/
	WITHIN 24 I FENCIL IN ITE MINER ALON TRANSIT PER ENTAL HYGIE OR REMOVA		13311					SEQUENCE C									
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201	ON SERVICE		-			(c)		11.11									
RECORDS,	ULD BE EXECUTED WITHIN: "PENDING" IN PENCIL IN F MEDICAL EXAMINER AI BOS A BURAL TRANSIT HEALTH AND MENTAL HYAI NI, CREMATION, OR REMO	N N	PART 2 OTHER SIG	NIFICANT CONOI	ITIONS CON	TRIBUTING TO DEATH B	UT NOT RELA	TEO TO THE TERMI	NAL OISEASE	OR CONDITION	GIVEN IN PART	T la					
E S	C C A A A A A A A A A A A A A A A A A A	MEDICAL CERTIFICATION	19a. DATE OF	OPERATION		19b CONDIT	ION FOR V	WHICH OPER	ATION W.	AS PERFORA	MED?		-			20 AUTOP	SY?
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DIVISION OF VITAL	5 0 7 0 7	ERT	210 EXTERNA	L CAUSE WA	AS	216 TIME OF	INJURY	DAY YEAR	21c HC	W INJURY	OCCURRED	(ENTER N	ATURE OF INJU	JRY IN ITEM 18	B PART I OR P.		0 140 0
2	SHOOK A	ALC	UNDERLYING	X OR	E OE DEA	TH 11:25 M.		17 19 8	1 0	ubject	ctah	bod					
oisi	CERTIFIC TING TH SED TO 3 SHOU DEPART	Dig.	214 INTURY O	CCLIPPED		21e PLACE C	FINJURY	(AT HOME,	211 LO	ATION	scan	bea					
DI V	WRITI WRITI WARDE AGE 3 AGE 3	X	WHILE AT WORK	NOT WHILE	E K	street, facto		C.)	5709	Chil	lum U	atc	CITY OR TOW			e.P.G.C	STATE
	HER: THIS CERTIFICATE CATE, WRITING THE V FORWARDED TO THE OFF, PAGE 3 SHOULD HE STATE DEPARTMEI ND, 21201 PRIOR TO	- 70			13.1	WOULD THE REAL PROPERTY.	0	\	570:	X							O, MD.
	A R S S S S S S S S S S S S S S S S S S			y that I to the	//	the remains desc	nhedobo	Andrea	Aylop	-	Inspection		Inquiry		nd in my o	pinion	
	EXAMII CERTIFI ULD BE DIRECT WARYLY		death resulte	d frgm:	Matural	fowers L.J.	4400	Su Sui	1		ide [X].	Undete	rmined mai	nner .			
- 10	¥. ✓ BEEFEE		ACTUAL	1	11	DIA	VI	lela	1	Domini-		of			DATE	8/18	101
	SER SER		SIGNATURE_	1	1	noy	0	WV-	-	a cput	y Chi	MEDI	CALEXAM	INER	SIGN	ED 0/10	7/04
	TO MEDICAL EXAMINER: TE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERA DIRECTOR; PATER DEBATH, WITH THE ST BALTMORE, MARYLAND, 2		EXAMINER'S N (TYPE OR PRIN	NAME IT)	Ti	nomas D.	Smit	h, M.D		ADDRESS_	111	Pen	n St.	Bal	lto.,	MD.	
	DX4044	23a.B	URIAL, CREMAT	ION, REMOV	VAL 236 1	DATE	23c. N	IAME OF CEA	ETERY O	RCREMATO	RY	23d. LO	CATION		COU	INTY	STATE
	BP	Bu	ırial		8/:	23/84	На	rmony	Mem.	Park		La	ndove	er,Mai	rylan	d	
	DHMH - 17	24. F	UNERAL DIRECT	OR		ADDRESS	17:55			2	ANATERE	C'D. BY.	REGISTRAF	R ASI REG	STRAR'S	SIGNATURE	0_ 1
	(VR A15 ME (5))	Fr	azier's	Fune	ral :	Home 389	R.I.	AVE.	N.W.		HUO,	2 1	0	1 muck	المركانية	-Masterna	,
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STATE OF MARYLAND



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

1	FOR STATE REGISTRAR			OF HEALTH AND MENTAL HY	GIENE REG. NO.	1 0 7
		FIRST LOLA	MIDDLE K.	HILL HILL	*AUGUSTH 2**/2	984 YEAR 26 HOUR 3.30 AM
3. SE	Х	4 RACE		ATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
	Female	Black		EPT. 1. 1903	81 YR	ALL THE STATE OF T
7a. B	IRTHPLACE (STATE OR FOR	EIGN 76 CITIZEN OF	WHAT COUNTRY? 8.	RRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	
G	eorgia	United		OWED DIVORCED	PRINCE G	ebrara MD.
10 0	ITY OR TOWN OF DEATH		CH FACILITY, GIVE STREET ADDRESS		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN COOK	12b. KIND OF BUSINESS OR INDUSTRY Restaurant Pvt.
USU	AL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISS	ION)		- 1.1
	arvland	P.G.	Temple Hil	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	
14. F	ATHER'S NAME FIRST	WIDDIE	LAST	15. MOTHER'S MAIDEN NA	MIDDLE	LAST
	<u>harlie</u>	ILC ADMED FORCES	Fannin 1166 SOCIAL SECURITY N	Mary	Lou	Robinson
		(IF YES, GIVE WAR OR DATES)	260 07 834		eard-daughter 52	202 Lawrin Ct.
	18 CAUSE OF DEATH	Enter only one couse pe CAUSED BY:	rline for (a), (b), and (c).) UREmia			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION		diote the DUE TO, (c) CONTROL (c)	OR AS A CONSEQUENCE	BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	CIVED PIN EAST IN THE STATE OF
	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL	ISE OF DEATH HOUR A	OF INJURY M. MONTH DAY Y	21¢ HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM	18. PART 1 OR PART 2}
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY IREET, FACTORY, OFFICE, FARM, ET	21f LOCATION	CITY OR TOWN	COUNTY STATE
	220.1 certify that (1) (the saw the deceased above, (1) (we) (did	olive on S (did not) view the bod		ond that in (my) (our) apinion	death occurred on the date and	hour and from the causes stated
	226. SIGNATURE	Capen	e MD		MEDICAL STAFF DIRECTOR PHYSICIAN	aug 2/8 y
	Hele K	CAPONE	5	750/ SUTT CLIATIN	atts Rd Md 207.	35
	BURIAL, CREMATION, RE	MOVAL 236. DATE 8/7/8	. The second second	of CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN Landover	PG Maryland
24 F	UNERAL DIRECTOR NAME LEXANDER S.	1 -7 -7	Pennsylvani	h2fg PA	TERECO. BY REGISTRAR 236 REC	

DHMH - 16 50M 4/83 (VRA 15, 4)

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MPORTANT: If them 21 is marked or

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	e cotinge - co	Mill Miledo	e pure				
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Sanlyin V							

STATE OF MARYLAND



FOR

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYSIENE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Condition gove ricouse	ASED EVER IN U. AND OF DEATH ASED EVER IN U. AND OF DEATH IED. AND	III. NA III	NOT IN SWHEACHTY, GIVE STITUTION, GIVE RESIDENCE 13c. CITY OR LASS PRCES? 16b. SOCIAL DATES] OUSE per line for (o), (b)	S. DATE COMONTO	NEVER MARRIED D DIVORCED DR OTHER INSTITUTION 13d. INSIDE CITY LIMIT YES NO [] 15 MOTHERS MAIDEL 17 INFORMANT	Augus 6 AGE (IN 1) 1 PROJECT OF WORK TS? 138.STREET		1984 HDAY) YRS. COUNTY O	DE KIND CONTROL OF DEATH	2: 20 are UNIVERSE DE SON BUSINESS DE ATE INTERVAL ATE INTERVAL ASET AND DEATH
18 CAUS PART Condition gove riccouse	ASED EVER IN U. BEOF DEATH (In DEATH WAS C IMM	MIDDLE ALSO ARMED FO YES, GM WAR OR ALD INTER ONLY ON THE ONLY ON	TEN OF WHAT COUNTY THE OF HOSPITAL, NI NOT IN SYNHEACHTY, GIVE STITUTION GIVE RESIDENCE 134. CITY OR LAST PRCES? 16b SOCIAL DATES) DOUGLE FOR TOTAL COUNTY LAST	S. DATE OF MONTH OF MONTH OF MARRIE OF MONTH OF MARRIE OF MONTH OF MARRIE OF	DE BIRTH DAY YEAR NEVER MARRIED DIVORCED DR OTHER INSTITUTION 13d. INSIDE CITY LIMIT YES NO 15 MOTHERS MAIDER 17 INFORMANT	6 AGE (IIII	ORE CITY OF	YRS. COUNTY O	DEC DEATH Control Con	BUSINESS OF
18 CAUS PART Condition gove riccouse	ASED EVER IN U. ASED EVER IN U. AND OF DEATH (En) E OF DEATH (En)	MIDDLE MIDDLE	ME OF HOSPITAL, NI NOT IN 50TH FACILITY, GIVE STITUTION, GIVE RESIDENCE 13c. CITY OR LASS PRCES? 16b SOCIAL DATES) DATES: Ouse per line for (o), (f)	MARRIE WIDOW URSING HOME COSTREET ADDRESS) BEFORE AD MISSING HOME TO MARKET ADDRESS SECURITY NO.	D DIVORCED DR OTHER INSTITUTION 13d. INSIDE CITY LIMIT YES NO 15 MOTHEMS MAIDER 17 INFORMANT	S? 13e.STREET	CREST OF A CONTROL	COUNTY O	DIEGO AMPROYEM	BUSINESS OF THE TOTAL SET AND DEATH
18 CAUS PART Condition gove riccouse	EOF DEATH IER DEATH WAS C	I.S. ARMED FO YES, GIV WAR OR OTHER ONLY ONE C CAUSED BY: MEDIATE CAUS DU ich	NOT IN SWHEACHTY, GIVE STITUTION, GIVE RESIDENCE 13c. CITY OR LAST PRCES? 16b SOCIAL DATES) DATES) OUSE per line for (o), (t)	SECURITY NO.	13d. INSIDE CITY LIMIT YES NO [] 15 MOTHENS MAIDER 17 INFORMANT	130. STREET 962	ADDRESS / 4- V 8	JE JODE -	Duel Pac 4-Vo	ATE INTERVAL
18 CAUS PART Condition gove riccouse	EOF DEATH IER DEATH WAS C	I.S. ARMED FO YES, GIV WAR OR OTHER ONLY ONE C CAUSED BY: MEDIATE CAUS DU ich	DATES) LAS DATES) THE COLUMN TO THE COLUMN THE COLUM	SECURITY NO. 48-29 b) ond (c) lies No. pi-	15 MOTHERS MAIDER	962	4-U8	Hi Tog	APPROXIMA BETWEEN ON	ATE INTERVAL SEI AND DEATH
18 CAUS PART Condition gove riccouse	EOF DEATH IER DEATH WAS C	I.S. ARMED FO YES, GIV WAR OR OTHER ONLY ONE C CAUSED BY: MEDIATE CAUS DU ich	DATES) 578- Douse per line for (o), (b) EE (o) Cand	48-29 his respi-	17 INFORMANT 86 Reor	Hous		He 902	APPROXIM BETWEEN ON	ATE INTERVAL ISET AND DEATH
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gove ri	se to immedio	ich (ETO, OR AS A CONS	FOUR NOT OF		77.				
	o), stating t ng couse la	the DU	(b) Hyb E TO, OR AS A CONS	ofentin	renal c	diseas	e·			
PART 2	THER SIGNIFIC	ANT CONDIT	ions <u>contributin</u> c	O TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEA	SE OR COND	ITION GIVE	N IN PART 1(0)	
19a DATE	OF OPERATION	1 196	CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AU		20b. IF YES, IN CERTIFYI YES	WERE FINDING ING CAUSES O	GS USED OF DEATH?
OR CONTR		OF DEATH	. TIME OF INJURY OUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OC	CURRED (ENTER	NATURE OF INJUR	Y IN ITEM 18 PAR	RT I OR PART 2]	
21d INJU		LAT		FFICE, FARM ETC)	211. LOCATION STREET	- J. S.	CHYORTOW	VN	COUNTY	STATE
sow	the deceased of	live on 3	124		, 19 nd that in (my) (our) opi	to	red on the do	te and hour o	- 1	not (I) (we) lo
	0	RNach		^	1.D ATTENDIN	NG MEDICA	L STAF	F IAN []	224. DATE S	GNED
	-		H, M.D		22. ADDRESS 14 3	300 Gr	allan	t fox	La., Por	owner M
BURIAL, CR	EMATION, REMO	OVAL TOP D		231 NAME OF C	EMETERY OR CREMATO	DDV 1234 LOC	CATION	^	country U.	0
	(IF EITHER 21d INJUI WHILE AT WORK 22a I cert sow obow 22b. SIGN	(IF EITHER, NOTIFY MEDICALE) 21d. IN JURY OCCURRED WHITE AT WORK AT WORK 22a I certify that (I) (Possion of the deceased of above, (I) (we) (did) (22b. SIGNATURE) 22d PHYSICIAN'S NAME	(# EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AL WORK 22a certify that (1) (Not have tell) ofter sow the deceased alive on obove, (1) (we) (did) (did not) view to 27b. SIGNATURE 22d. PHYSICIAN'S NAME (IVPE OR PRINT) C. R. NAT	P.M.	(# EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21d. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM. ETC.) 22d. I certify that (I) (Per-hopetal) ottended the deceased from sow the deceased alive on above, (I) (we) (did) (did not) view the body after death. 22d. PHYSICIAN'S NAME (IYPE OF PRINT) C. R. NATH, M.D.	(# EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22d I certify that (1) (No. hopeful) attended the deceased from sow the deceased alive on above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE C. R. NATH, M.D. 22c. ADDRESS 22c. ADDRESS 22d. ADDRESS 22d. ATTENDIR 22d. PHYSICIAN'S NAME (IVPE OF PRINT) C. R. NATH, M.D.	P.M. 19 211. LOCATION STREET 212. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) 211. LOCATION STREET 220. I certify that (I) (Mr. Hopatal) attended the deceased from Same of the deceased office on Same of the deceased office of the same of the deceased of the same of the same of the deceased of the same of the deceased of the same of the same of the deceased of the same	P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.) 21l. LOCATION STREET CHYORTON AT WORK MORE MORE	P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) 21i. LOCATION STREET CITY OR TOWN	P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM ETC.) 211. LOCATION STREET CITY OFFICEM COUNTY

Ende 182 00.70.00 19.00 58 Daly office has been been started by the start of TOTE STRIPLIES X MOLLETINAL SE LOVE ON NO 10 578-48-2922 Frenchento John De As - he go have the way a first of the second Laborate British of with the way of the East Line of

24 FUNERAL DIRECTOR Gartner-Sandison Funeral Home

316 E. Diamond Ave. Gaithersburg, Md. 2087600

FOR

- STATE

DHMH - 16 50M 4/83

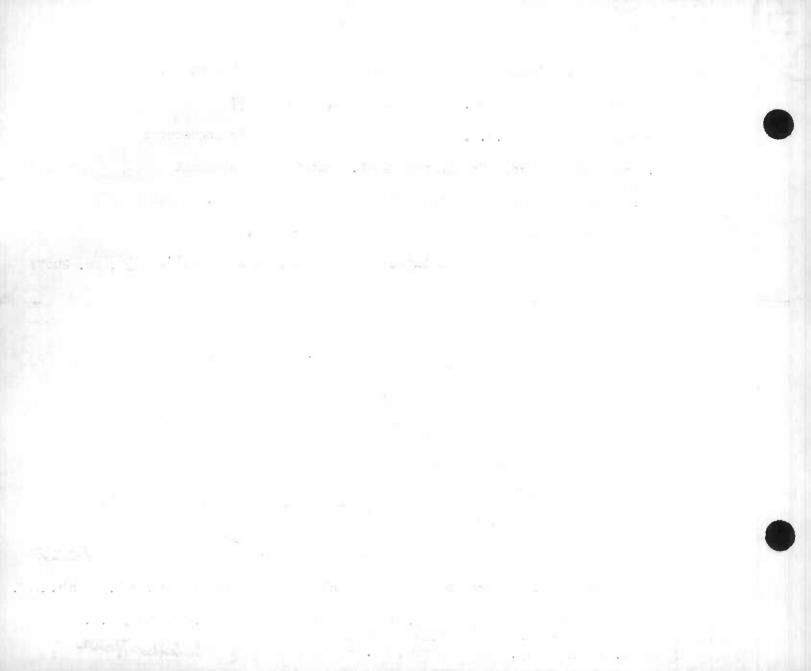
(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



IMPORTANT: If them 21 is marked or Item 18 shows any injury, ar ather traumatic event, the medical exe

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	D.		
		CEASED NAME FIRST	MIDDLE	2 , 1	AS1		MONTH DA	Y YEAR	2b. HOUR
	{ TYPE	NICHOL	AS V.	HU	DSON		8-21	6-84	5:4+ AM.
	3 SEX		4 RACE	S. DATE C		6 AGE (IN YEARS LAST BIR		ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
2	N	Male	Caucasian		ember 27, 1927	56	YRS.	AVINS DATS	HOOKS MIN.
6		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 AAAAAAA	X NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY C	OF DEATH	1
1		Pennsylvania	U.S.A.	WIDOWE		PRINC	و ا	ROB	GES MD.
1	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		ROTHER INSTITUTION	12a USUAL OCCUPATI		12b. KIND OF	
10	C	LINION	Southern	VDDW623)	ATI GROH E	Fducat		Musi	ic
Z	USU A	AL RESIDENCE (IF NURSING HOME OR			134. INSIDE CITY LIMITS?	13e STREET ADDRESS			
2			George's Suitl		YES NO	2501 Fair		rive (20746)
1.1	_	THER'S NAME		CLIKA	15. MOTHER'S MAIDEN NA	ME			
00	Ni	cholas Hudson	MIDDLE LAST		Mary Pastu	mbolie		TASI	
7	16a V	VAS DECEASED EVER IN U.S. AR		JRITY NO.	17 INFORMANT	ADDRE	SS	706.0	
		ves, no or unknown) (IF Yes, Giv	202-16-4	166	Phyllis Huds	son - Same	As #13	A-E	
		18 CAUSE OF DEATH (Enter or	nly one couse per line for (o), (b), on						MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUSE	D BY. Ta. 0 00:		He me trutades to	consider &	2 mars	241	
		IMMEDIA	12 67002 (0)	Cert W	ith metastates to	a or will On	00	1	3, 4, 105
		Condition it and	DUE TO, OR AS A CONSEQU	ENCE OF	rcc ac	es had en	ys.	100	
	-	Conditions, if any, which gove rise to immediate	(b)						
		couse (0), stating the underlying couse last.	DUE TO, OR AS A CONSEQU	ENCE OF				103113	
	100	DART O COMERCIONICIONALE	CONDITIONS CONTRIBUTING TO	DE ATH BUT	NOT BELATED TO THE TERM	INIAL DISCUSS OR CON	DITION CIVE	ALINI DADT 1.	
	Z	PART 2 OTHER SIGNIFICANT	TONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVE	VIN PART HO	
-	CERTIFICATION	IV. DATE OF OPERATION	THE CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20s AUTOPSYT	Trea of ves	WERE FINDIN	ACS HISED
2	FIC	AND ADDRESS OF THE PROPERTY.		, er kennt te	STANCE STANCE	- W	IN CERTIFY	ING CAUSES	OF DEATH?
7	ERT	25g. ACCIDENT WAS UNDERLYING	1 21h TIME OF INJURY		The HOW INJURY OCCURS	YES NO A	YES	bad	NO []
0		ON CONTRIBUTING C CAUSE OF DE	and the second of the second o	AY YEAR	THE TOWN ON SHEET	CED TENTERALINE OF PRIO	0.00.00.00.70	- Comment	
	ICAL	THE RINER SICKY MEDICAL EXAMPLE		19	NO CONTROLL	- 15 - 11			
	MEDI	214 NUMY OCCURRED	THE PLACE OF INJURY INTHOME STREET FACTORS OFFICE.	LARM ETC L	2H LOCATION	City 09 70	WPV)	COUNTY	UAN.
		al work No work	THE STREET	0		1	1	960	
	127	THE REAL PROPERTY AND ADDRESS OF THE PARTY O	ital) attended the deceased from-	OU X	anc 10 8	10 Miles	1		that (II (wr) last
		saw the deceased alive on above, (I) (we) (did) (did no	ot) wew the body after death	X T -81	d that in (my) (but) opinion i	death accurred on the de	ate and hour	and from the c	courses stated
		27E SIGNATURE	0.0		DEGREE	AVERAGE AT STATE		77L DATE:	SIGNED
1		law	In Genn ho		PHYSICIAN D	MEDICAL STA		9-	27-84
1	100	228 PHYSICIAN'S NAME (TYPE C	OR MEINT)	57 450	77# ADDRESS				
	20	lai-tin Y	EUNG, h.B.	100	652+ Belue	it Rd #460	Heyala	swille.	40 10181
		URIAL, CREMATION, REMOVAL	. 236 DATE 23c	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		I OLDINA	STATE
	Ci	remation A	ugust 27, 1984 I	ee's	Crematory	Clinton,	Maryla	and	STAIL
	24 FL	JNERAL DIRECTOR TOO	Funeral Home, In	C.	25a DAT	E REC'D. BY REGISTRAR	256. REGISTRA	AR'S SIGNATI	URE

DHMH - 16 50M 4/83

(VRA 15, 4) 6633 Old Alexander Ferry Road, Clinton, Maryland

MILE SALE AND A COMPANY SALEMAN Total and the state of the stat Major Waller -- Fittenser letter many The same of Sally and the same of the same

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN DECEASED NAME MIDDLE (TYPE OR PRINT) OF ESTI-Margaret Huffnagle 8/24/84 Mary 6. AGE (IN YEARS IF UNDER TYR. 4. RACE DATE OF BIRTH DATE LAST BIRTHDAY) MONTHS PRONOUNCED 8/24/84. Female Cau. Dec. 11,1941 4 2 RS DEAD TO BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Penn Prince George's County WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Homemaker Own Home Camp Springs Andrews Airforce Base USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 20746 13b COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS P.G. Forestville Rena Road Apt. 202 Maryland NO DO 4421 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Erancis Kathleen Carroll Donnelly 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. Joseph Ralph Huffnagle same as 577-54-6510 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (a)-ED AS A BURIAL - TRANSIT FER HEALTH AND MENTAL HYGER AL, CREMATION, OR REMOVED DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PARI 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION E 3 SHOULD BE USED A DEPARTMENT OF HEA 31 PRIOR TO BURIAL, C USED / 19a. DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 210. EXTERNAL CAUSE WAS 716 TIME OF IN IURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) STATE DEPARTMEN, 21201 PRIOR TO HOUR A.M. MONTH DAY YEAR UNDERLYING subject precipitated from 4th floor balcony 11:00XAM 8/24/84 CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21 LOCATION 21d INJURY OCCURRED TO MEDICAL EXAMINER: THIS CEN EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALTMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.1 WHILE AT WORK AT WORK 4421 REna Road, Forestville, Pr. Geo., Md. residence Autapsy X 220. I certify that I took charge of the remains described above, held an Inspection Inquiry Suicide K Hamicide Natural causes Accident Undetermined manner TITLE (SPECIFY) ACTUAL 8/25/84 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Greatry R. Kauffman, M.D. ADDRESS 111 Penn St. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Vet. Cemetery | Lines Lesistrar 8-28-84 Cheltenham, P.G., Maryland BP. 24 FUNERAL DIRECTOR **DHMH** - 17 Huntt Funeral Home, Waldorf, Maryland (VR A15 ME (51)

20M 4/82

STATE OF MARYLAND

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北東)	3 SEX	4	RACE	S. DATE OF BIRTH	YEAR LAST BIRTH	PEARS IF UND	DER I YR. IF UNDER	MIN. PRONOUNCED	18 ²¹ 3.	-84 YEAR	5: 20P
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ON SERVICE OF SERVICE		REIGN COUNTRY		U.S.		WIDOWE			George		AND.
PAGE PAGE BEPLED		ty or town of Cheverly		Prince	SPITAL, NURSING HOA FACILITY, GIVE STREET ADDRESS COORGE S	Co. Ho:	spital	for most of working Life Truck Dr:	(F)	OR INDUST	ISINESS RY
ANY D AND 3 RETAIN RECEIO		AL RESIDENCE (IF		GeD.	GIVE RESIDENCE BEFORE ADMIS 13. CITY OR TOWN Mitchell		34 INSIDE CITY LIMITS?	3209-Sav	ille Le	ane 207	16
A ASSET	14. F	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAID	EN NAME MIDDLE		LAST	
CAN PARENT		Alton		Model	Hunter		Anne			Zick	
ALTIMORE, M AFTER DEATH SIVE PAGES 1, HI FORM PM AGES 1 PMD, VISION OF WID	16a. \ (Y	YAS DECEASED E	VER IN U.S. AR	MED FORCES?	425-84-	6203	Georgi	a Hunter -	above	addres	3 3
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RITHING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2. AND ROED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. HETA RES SHOULD BE USED AS A BURIAL - RRANSIT PERMIT. PAGES 1 AND 2. HOULD EDEPARTMENT OF HEALTH AND MENTAL HYGIGINE, DIVISION OF VITAL RECORD PROPERTY.		Conditions,	IMMEDIAT if ony, which to immediate oring the under-	D BY: TE CAUSE (o) A (b) d	ne for (o), (b), ond (c).) rterioscler 文文文文文文文文文文文文文文 isease R AS A CONSEQUENCE	XX	ypertensi	ve cardiovas⊄	cular	APPROXIMAT BETWEEN ONSE	E INTERVAL T AND DEATH
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SION OF VIT RTIFICATE SHOUD THE COSTO THE COST	CAL CERT	210 EXTERNAL OF UNDERLYING CONTRIBUTING	OR		M. MONTH DAY YE	AR 21c. HO	W INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	ISEM 18 PART 1 OR PA		
DIVISION THIS CERTING WRITING VARDED 1 AGE 3 SHATE DEPARTED FOR STREET OF THE STREET O	MEDICAL	214 INJURY OCH WHILE AT WORK			OF INJURY (AT HOME, CTORY, FARM, ETC.)	21f LOC	ATION REET	CITY OR TOWN	co	UNTY	STATE
TO MEDICAL EXAMINER: THIS CEXECUTE THE CERTIFICATE, WRIPAGE 4 SHOULD BE FORWARD TO FUNEAL DIRECTOR; PAGE AFFER DEATH, WITH THE STATE BALLIMORE, MARPUAND, 21201		22a. I certify to death resulted ACTUAL SIGNATURE	from: Notus	rol couses (C)	Accident , S	M.D.	Homicide TITLE (SPECIFY) D. Assistan	Undetermined monner	SIGNE	8-4-84	
TO ME EXECUTE TO ME PAGE A PAG	23e.B	urial, crematic ercievi Cremati	NI PEMOVAL 2	8/7/198		emetery or nooln	Cremato		ood Pr	Geo. Î	Vd.
DHMH - 17 (VR A15 ME (5))	24 F	UNERAL DIRECTO		ley's F	33	Rain Md.	nier 250. DATE	REC'D. BY REGISTRAS 231	REGISTRAR'S	ignature indoor-Ron	delle

A Charles Commenter of the w dilwifeledit .com c b SUPPLY AND DELLERAL TOTAL notenii ______

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 2a DATE OF DEATH MONTH 7b HOUR (TYPE OR PRINT) ZORF 1 SEX 4. RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR Female Black 81 April 1903 To. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Retired Housekeeper DAY COUNTY 134 INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Md. Hgts. 1306 Dist. YES IX NOF Centaur Dr. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRS1 MIDDLE MIDDLE Wiley Charity Floyd Lewis 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. LYES NO OR UNKNOWN) (IF YES, GIVE WAR OR OATES) Yvonne Brown-Same as 79-16-7087 above APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) Conditions, if ony, which gove rise to immediate couse (o), stoting underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CATION 19g DATE OF OPERATION The CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES | 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) 710. ACCIDENT WAS UNDERLYING 71h TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 714. INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE 220 I certify that (1) (this haspital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body after death 776 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Lan Ach (100 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23d. LOCATION CITY OR TOWN Buri al BP 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 5. WHIS HINGTON + SONS 4925 BURROUGHS AVE, AND (VRA 15, 4)

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	1.	FOR STATE REGISTRAR		DEPAI	RTMENT OF H	OF MARYLAND EALTH AND MENTAL HYB ICATE OF DEATH	REG. N	2 /	9	්
1		CEASED NAME FIRS	T	MIDDLE	1	AST		MONTH DAY	YEAR	26. HOUR
200	(TYP)	Fred		D.	Jen	Kins	8-2-84			4 82PM
1	3. SE	X	4. RACE		S. PATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF U	NDER I YEAR	IF UNDER 24 HRS
i hr	1	hale	Black		5	15 02	82	YRS.		
/e/	7a. B	RTHPLACE (STATE OR FOREIG COUNTRY)		WHAT COUNTR	Y? 8. MARRIEI	NEVER MARRIED	9. BALTIMORE CITY C		DEATH	
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CE /	14 E	Md	P. G.	Ft. V	Vash.	YES X NO 1	305 Baro	n Cour	ty	177
()		FIRST	MIDDLE	LAST		FIRST	MIDDLE		LAST	
/ (B)/		Robert VAS DECEASED EVER IN U.		Jenkins		Florence 17. INFORMANT	G .		liam	S
medical			ES, GIVE WAR OR DATES)	TVB. SOCIAL SE	COMITTIO.		enkins 30		n Ct	
tic event, th		18 CAUSE OF DEATH IEM PART I. DEATH WAS C	AUSED BY: EDIATE CAUSE (0)	recurre	nt mass	ive cerebral			days	
rial, cremation, ar		Conditions, if any, whi gove rise to immedia couse (a), stating t underlying couse la	te he bie DUE TO, C	R AS A CONSECUTIVITACLE	DUENCE OF	L ATHEROSCLER	T FAILURE		YEAR	HS.
injury.	NO	SEVERE ATH	EROSCLEROI	IC CORO	VARY HE	NOT RELATED TO THE TERM ART DISEASE.		FICIENC	Y'AND	UREMIA.
Sony only	TIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO X	20b. IF YES, W IN CERTIFY IN YES	G CAUSES	
tentol Hygi	AL CERTI	210. ACCIDENT WAS UNDERLYIF OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICALEX	OF DEATH HOUR A	OF INJURY .M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1	ORPART 2)	
morked or th	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE EAT WORK	21e PLACE	OF INJURY REET FACTORY, OFFI	11.67	211. LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
of He		220.1 certify that (I) (this saw the deceased all above, (I) (we) (did) (a	hospital) attended the	ne deceased from	54, or	d that in (my) (our) opinian	death accurred on the d	te and hour an		hot (i) (we) lost ouses stated
VIANT: If Item		276. SIGNATURE	e by a	w A	∞ 1	ATTENDING PHYSICIAN 220 ADDRESS 7900	MEDICAL STA	IAN 🗌	AUG.	3 1984
with the State [PETER W.Y					ION, MARYLAN		TIE I	.01
3 ځ	23a.	BURIAL, CREMATION, REM			R. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		OUNTY	STATE
_	.1	Burial	8-8-8	34		In Cemetery	Suitlan			
M 4/B2 4)	24 F	JOHNSON &	Sentins.	716 Ke	5	LONG AU		The Davi		indell.

villio, ... requirement results queg entere descripte BOTHER SHOP OF BUILDING ADREST OF THE PROPERTY AND A THE PARTY OF THE PROPERTY AND INCOME. the same of the sa TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbompopers. Page 1 mid 2 that do be filled within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

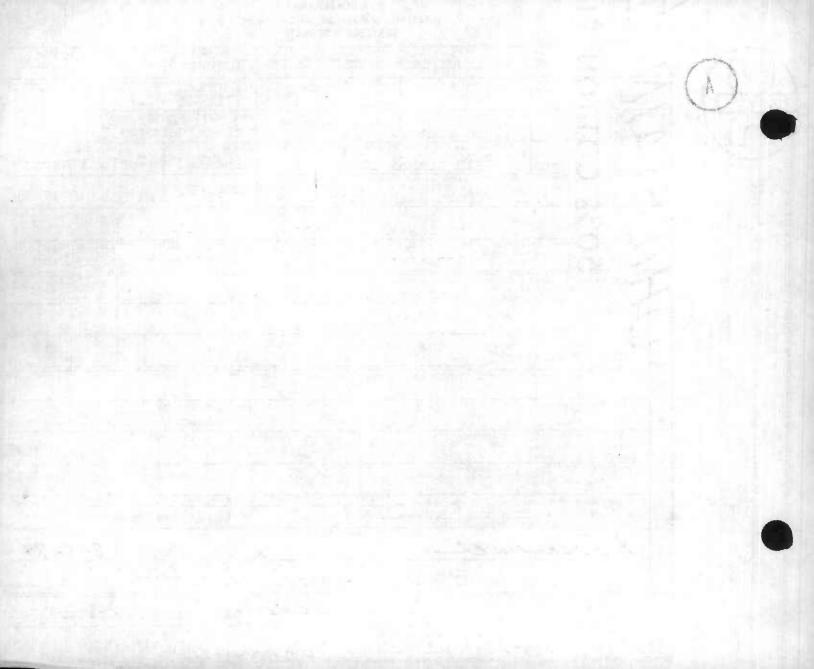
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR			CI	ERITFIC	ATE OF DEATH		REG. NO.			
	DECEASED NAME	FIRST	MIDDLE		LAS	i	2a. DATE OF D		H OAY	YEAR	2b. HOUR
(1,	YPE OR PRINT)	ALBERT	EDWA	RD	JOH	SON	AUGUST	9	1	984	1:44P M
3. 9	SEX	4. R/		5. (DATE OF	BIRTH	6. AGE (IN YEAR	RS LAST BIRTHDAY		DER I YEAR	IF UNDER 24 HRS
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7a.	BIRTHPLACE (STATEO		TITIZEN OF WHAT CO	OUNTRY? 8			9. BALTIMORE			DEATH	
7 N	Vew York	1	S.A.		MARRIED IDOWED	NEVER MARRIED DIVORCED	Prin	ce Geo	rge's		MD.
	CITY OR TOWN OF DE	ATH 111.	NAME OF HOSPITA	L, NURSING H	OME OR	OTHER INSTITUTION	12a USUAL OC				F BUSINESS OR
3	Lanham	Do	ctors Ho	spital	of 1	Pr. Geo. Co.	Conduc	or most of work		Penna Penna	a. R.R.
Us	SUAL RESIDENCE (# NU	RSING HOW, OR OTHE	R INSTITUTION, GIVE RESID			AL INICIDE CITY HAVITCO	13e.STREET AD	DDECC / 71D			0000
100	Delaware	Sussex		VOR TOWN		3d. INSIDE CITY LIMITS? YES NO 1		8 N.N.		84	9999
-	FATHER'S NAME			110000		S. MOTHER'S MAIDEN NA	ME		1000		
PA	\lbert	MIDDI E	_	son, Si	r.	May		WIDDIE	C	olle	dee
	WAS DECEASED EVE	R IN U.S. ARMED	FORCES? 166 SO	CIAL SECURITY		7 INFORMANT	A SHOW	ADDRESS A			
51	(YES, NO OR UNKNOWN) Yes-Marines	W.W.II		-05-483	39	Mrs. Mary El	llen S.	Jobson	No#	13e.	
			ne couse per line for (1		1	T	APPROX	MATE INTERVAL ONSET AND DEATH
1	PART I. DEATH	WAS CAUSED BY	Ca	rdio-		prature	akke	1			
		IMMEDIATE CA	1032 (0)								The state of
4	Conditions, if on	u suhish (DUE TO, OR AS A C	Uran		2mas Full	nne				
40	gove rise to in	nmediote	(b)			-01-0					
	underlying cou		DUE TO, OR AS	ONSEQUENCE ON A	COIL	o Duscras	iA		5.34		
	PART 2 OTHER SIC	SNIEIC ANT CON	DITIONS CONTRIBU	ING TO DEAT	TH BUT N	OT RELATED TO THE TERM	AINAL DISEASE	OR CONDITIO	N GIVEN I	N PART 1	0
Z		J. V. II. C. S. V. C. C. V.	Directio <u>continuo</u>			or neuros to the tent	W. THE DIOLINOE	311 001101110			
CERTIFICATION	19a DATE OF OPER	ATION	19b. CONDITION FO	R WHICH OPE	RATION	WAS PERFORMED	20e AUTOP				NGS USED
		103					YES D	VOIT	CERTIFYING YES	G CAUSES	OF DEATH?
7 8	21a. ACCIDENT WAS U	NDERLYING -	216 TIME OF INJURY			21c. HOW INJURY OCCUR				OR PART 2}	
7	On COLUMNIA IN IC		HOUR A.M. MC	NTH DAY	YEAR						
MEDICAL	21d. INJURY OCCU		21e. PLACE OF INJUI			ZII LOCATION					
×		WHILE	(AT HOME STREET, FACTO	RY, OFFICE, FARM	()13	STREET		CITY OR TOWN		COUNTY	STATE
	22a I certify that ((this bosoital)	ottende Universit	ed the	8/1	1084	to	8/9	10	84	that (I) (we) lost
В	iow the deced	niger alive an	8/1 9)	11984	and	that in (my) (our) opinion	death occurred	on the date or	nd hour one	/	
	22b. SIGNATURE	(did) (did) vie	w the body after dec	otti	Di	GREE			-	22c DATE	SIGNED
		X	1/01/1	/ ID	1	ATTENDING	MEDICAL _	STAFF			9,1984
+	22d PHYSIC AND T	TAME (TYPE OR POST	Very	I nt	70	PHYSICIAN 2	DIRECTOR	PHYSICIAN		Aug	-
		A POLLAR					01	4200	0		20023
-				Too state		4700 Auth I	123d LOCAT		Camp	Sprin	ngs,Md.
230	e. BURIAL, CREMATION	,	Bb. DATE			METERY OR CREMATORY	CITY OF	NWOTS	_	UNTY	STATE
24	FUNERAL DIRECTOR	ation A	ug.10,198	4 Pt.	Linco	oln Crematory	y Bren	twood	P		Maryland
14		Cong F L	I. P.A. Hy	ADDRESS	110.		1349	qua	Davids	College	Name of the last o
P	· dascu.s	Sours L.	ie rane ily	COUDYI.	-109	James	m - 1000	0		-	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter retained by the hospital or ottending physician BP DHMH - 16 50M 4/83 (VRA 15, 4)

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W X 3 S to		CEASED NAME E OR PRINT)	EARL	FF	RANK	JO	RDAN		79	20	OF	KNOWN ESTI- MATED	- (8-11	YEAR 84	26 HOUR
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NECESSA TUNEBAL S FOR V W PRESIT	™a Ma	RTHPLACE (STATE REIGN COUNTRY) SSACHUS	etts	76. CITIZEN OF WE		V	IDOWED		R MARRIE DIVORCE	D P	RINC	E GI	EORG			MD
P PACE P P P P P P P P P P P P P P P P P P P	Ar	or town of	AFB	11. NAME OF HOS (IF NOT IN SUCH FAI MALCOLM R OTHER INSTITUTION, GR	GROW	USAF ME					ST OF WOR	KING LIFE)		0	ND OF BUILD	8Y
D. 21201 IF ANY 33. RETAIN SHOULD SHOULD ALL RECORD	13a S Ma		Pr.	TY	13c CITY	np Spgs	Y	ES C	NO SMAIDEN	13e STREE	Day	ss /is	Blvo	a	207	46
IT., BALTIMORE, MD. 21201 OURS AFTER DEATH. IF ANY DELA 18. GIVE PAGES 1, 2, AND 3 TO 1 3. WITH FORM PM 3. RETAIN PA AIT. PAGES 1 AND 2 SHOULD BE FI E. DIVISION OF VITAL RECORDS.	16a. V	Seorge VAS DECEASED E	VER IN U.S. ARA	MED FORCES?	16b. SO	Jordan	140	Anni	ie	NAME	M	C.	SS	F	lynn	
SALTIMORE, JRS AFTER DEAT B. GIVE PAGES WITH FAMPLY DIVISION OF Y	(YI	Yes IB CAUSE OF D	WW	lu ann an um an Ear	Ann (n) (h	-09-516), and (c).) ISIVE CA			e C.			S	ame	as	#13	INTERVAL
EXECUTED WITHIN 24 HOUF CONTROLL IN TERM 18, CONTROLL IN TERM 18, CONTROLL IN TERM 18, CONTROLL TRANSIT PERMIT, A AND MENTAL HYGIENE, CONTROLL TRANSIT PERMIT, WATION, OR REMOVAL.		gave rise couse (a) sta lying couse (if any, which to immediate iting the <u>under-</u> last.	DUE TO, OR (b) DUE TO, OR (c) CONTRIBUTING TO DEATN	AS A CON	NSEQUENCE OF										
HTAL RECORDS, 2011 SHOULD BE EXECUTED SRD "RENDING" IN PROCHEE MEDICAL ENDING. E USED AS A BURIAL- F OF HEALTH AND ME URRAL, CREMATION, (CERTIFICATION	DIABETE 19a. DATE OF OF			ION FOR	WHICH OPERAT	ON WAS F	PERFORM	ED?						AUTOPSY?	NO X
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DIVISI THIS CERT WRITING WARDED PAGE 3 SI TAIE DEP	MED	WHILE N	OT WHILE	STREET, FACT			STREET	T			CITY OR TOV	WN .		COUNTY		STATE
DICAL EXAMINER THE THE CERTIFICATI A SHOULD BE FOR MERAL DIRECTION DEATH, WITH THE ACIDE, MARYLAND		death resulted I	Augun	e of the remains designated all causes	Accident		Autopsy (Hamicid EPUT	Y IFY⟩	Undeter	Inquiry mined ma AL EXAM N CT	INER], DA SK	GNED	-11-8 S ₂₀ 72	
DAY PAR	23a.Bl	(TYPE OR PRINT) URIAL, CREMATIO BUrial	N, REMOVAL 2		23c. I	NAME OF CEME Cedar H	ERY OR CE	REMATOR	Y	23d LOC				COUNTY S		Äďd
BP DHMH - 17 (VR A15 ME (5)) 20M 4/82		NAME RODE		Wilhelm				250	o DATE RE	-1					- JA 1000 -	4

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Gasch's Sons F.H. P.A. Hyattsville, Maryland

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

items #5&6 Film #G594

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REGISTRAR

DHMH - 16 50M 4/83

(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME KNOWN PA LTYPE OR PRINT! ESTI-84 ELIZABETH KIMMEL DEATH MATED 4 RACE IF UNDER 1 YR. IF UNDER 24 HRS 2c DATE BIRTHDAY 9-19-02 PRONOUNCED female white DEAD YRS 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH In RIRTHPLACE (STATE OR MARRIED NEVER MARRIED XX Washington D.C Prince George's DIVORCED USA WIDOWED 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Dependent n/a USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 20746 Pr George Suitland 138. INSIDE CITY LIMITS? 4319 Silver Hill Road Maryland 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Wilbur Kimmel Walls Martha Logan ADDRESS3069 Brinkley I (YES, NO, OR UNKNOWN) 579-62-5426 Elizabeth Thompson Temple Hills, Mc No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse of light or racture with complications PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE TRANSIT Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. ORWARDED TO INC.

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LE STATE DEPARTMENT OF HEA 20 AUTOPSY? Vaclure YES 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 21e PLACE OF INJURY (AT HOME. AT WORK AT WHILE EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORN
TO FUNERAL DIRECTOR: I
AFTER DEATH, WITH THE S'
BALTIMORE, MARYLAND. 22a. I certify that I took charge of the remains described above, held on Autopsy Homicide Undetermined manner Natural causes TITLE (SPECIFY) Deputy _MEDICAL EXAMINER 5009 Rayburn Ct., Temple Hills, Md. EXAMINER'S NAME AUGUSTO P. Rodriguez 23g BURIAL CREMATION REMOVAL 23 DAT 23d. LOCATION Cremation 10Aug1984 | Cedar Hill Crematory Suitland PG Md 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAROBETT E. Wilhelm, Funeral Home a Davidson **DHMH - 17** Suitland, Md. (VR A15 ME (5)) 20M 4/B2

Secondary to Tongs and Allen Pd.

20M 4/B2

STATE OF MARYLAND

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4308 SUITLAND ROAD SUITLAND MARYLAND

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

CERTIFICATE OF DEATH

FOR

- STATE

(VRA 15, 4)

REGISTRAR



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DEPARTMENT	OF HEALTH AN	MENTAL	HYGIENE
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1		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17 INFORMANT	521 Em	erald	Lar	ne		
		NO OR UNKNOWN) (IF YES, GIV		577-16-	3893	Mary M. Nuge:	nt 521 Em	urg,	Mary	lan	d	
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		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	TE CAUSE 10)	CARDIO	RES	PIRATORY	FAILU	RE		1 +	₩.	
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	7	PART 2 OTHER SIGNIFICANT	_	ONTRIBUTING TO	DEATH BUT		1	DITION G	IVEN IN	PART In	5 '	
	CERTIFICATION	CHRONI		BSTRYC		LUNG	DESEASE				5.31	100
-) S	190 DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	206. IF Y	ES, WERE	EFINDIN	OF DEA	D [H?
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		22a.1 certify that (I) (this base		8-3-10	125	d that in (my) (our) opinion	, toO		. 19 <u>2</u>		that (I) (
	C	sow the deceased alive on obove, (I) (we) (did) (did) (did)	t) view the body	ofter death.			death accurred on the do	ne ona no				bied
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	9.7	224 PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS 1096	5 FT. W	A-SH	ENG	TE	N	RD
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	23n B	BURIAL, CREMATION, REMOVAL	23h DATE	123c N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	0,	1 (2	1		
		SPECIFY)	8/7/81				CITY OR TOWN		COUN			STATE
	24 51	JNERAL DIRECTOR	10/1/01	+ Ce	dar H	ill Cemetery	Suitland E REC'D BY REGISTRAR		GTD AD'S			1
		NAME	70			1 HILLIAKUL - C	Guia.	Davids	A-A	ndel	OKE .	
	ue	eorge P. Kalas	runeral	Home O:	xon Hi	ill, Mayor	. 10020		and a	No. of Lot, House, or other Persons.	1	

DHMH - 16 50M 4/83 (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 18 shaws any mjury, or other traumatic event, the should be detached for use as the burial transit permit. Then please remove corban paper with the State Dept-of Health and Mental Hygiene prior to burial, cremotion, or removal.

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DOUR FILES. 72 HOURS DN STREET,	SEX Mal	e	White	S. DATE OF BIRTH MONTH DAY Dec. 7,	1944	6. AGE (IN YE) LAST BIRTHDA 39	Y) MONTHS		IF UNDER		PRONOUP DE AC	NCED	MONTH 8	02	YEAR 19 84	5:46 a. N	
NECESSAR FUNERAL DIRECT 5 FOR YOUR 7, WITHIN 72 HO PRESTON ST	70 BIRTI	HPLACE (STA	ginia	U.S.A		TRY?	8. MARRIE	ED NE	VER MARR	IED 📙			or cou	es		MD	
AY IS THE PAGE FILED	Ch	or town o		ATH II NAME OF HOSP		SPITAL, NURSING HOME, OR OTHE ACILITY, GIVE STREET ADDRESS) George's General		R INSTITU	oital	Tru	AL OCCU NOST OF WOL NOST OF WOL	PATION (TYPE OF WORI		ind of BL i envay ore	DF BUSINESS PRY	
21201 F ANY DEL AND 3 TO RETAIN F HOULD BE RECORTS	13a. STA				13c. CITY	BEFORE ADMISSION TOWN		13d. INSIDE (I	ITY LIMITS?	13e STRE	ELADDRI 19 Vo	ista .	Avenu	e 2	0710		
EATH. IF				WIDDLE	Koontz			Sadie			Blizzard LAST						
AFIEK L	160. WAS DECEASED EVER IN U.S. A (YES NO, OR UNKNOWN) (IF YES, GI			RMED FORCES? E WAR OR DATES)		66 88		Shar	on S.	Kooi	ntz	Same	e as ;	#13	(Wii	fe)	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 IS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RRITING THE WORD. PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND: RADED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETA RESE TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETA RESE SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD THE DEPARTMENT OF HEALTH AND MENTAL HYGIEINE, DIVISION DEATTA PECO. 201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	NO	lying caus ART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH		ED TO THE TERM				RT 1 · a				20	AUTOPSY		
SION OF VIT. RIFICATE SHA WG THE WORL OF TO THE CH SHOULD BE U PARTMENTO RIOR TO BUR	N C	INDERLYING	G CAUSE OF		MONTH	DAY YEAR		OW INJURY	OCCURRE	D LENTER N	ATURE OF IN	JURY IN ITEM	A 18 PART T OR	PART 2)	YES 🗌	Гхои	
R: THIS CEF TE, WRITIN RWARDED R: PAGE 3 (E: STATE DEI D, 21201 PI	ME	WHILE AT WORK	NOT WHILE (TORY, FARM, ET	C.)		TREET	Inspectio	n 🗶,	CITY OR TO	FET	and in my	COUNTY		STATE	
TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDEI TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BATTIMORE, MARYLAND, 21201 P		death resulte	Aug	urol causes X.	Accident		icide [],	TITLE (S	SPECIFY) puty	Undete	ermined m	onner _	DAT SIGI	E 8/2	2/198		
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	1 -	STATE REGISTRAR	DEPARI	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH		
		CEASED NAME FIRST	WIDDIE	ŁAST	REG. N	MONTH DAY YEAR 26. HOUR
	(TYPE	IRMA	M. K	rieger	$\mid \mid \mid \mid \mid \mid \mid \mid \mid \mid $	ug 6 1984 11:20
1	3. SE		4. RACF	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	THOUY) IF UNDER 1 YEAR IF UNDER 24 HR
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5	7a. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	0.	R COUNTY OF DEATH
-	18 C	TWO TOWN OF DEATH	U.S.A.	WIDOWED DIVORCED DIVORCED NG HOME OR OTHER INSTITUTION	120. USDAL OCCUPATI	ON PIZE S N
10	1	ARGO, Md/	MANOR ARE	ADDRESS	TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUSTRY
	13e		OTHER INSTITUTION, GIVE RESIDENCE SEFOR	RE ADMISSION)	13e STREET ADDRESS	
32		Md Mo	Nt. Silvers	Pring YES NO	3400 Gle	N EAGLES DR 209
	14. F/	THER'S NAME	MIDDLE M LAST	15 MOTHER'S MAIDEN NA	ME MIDDLE	LAST
16	14. 1	HENRY WAS DECEASED EVIR IN U.S. AR	MED FORCES? 166 SOCIAL SEC	Caroline URITY NO. 17 INFORMANT	ADDR	Aughey 3103 Crest Ave.
7		YES INQ OR UNKNOWN) IF YES, GI	WE WAR OR DATES) HO7 64			rly, Maryland 20785
2		NO LISE OF DEATH (False)	nly one couse per line for (o), (b), a		A .	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSE	TE CAUSE (0) acute	. Marris # //	Lutrer &	BETWEEN ONSET AND DEATH
		IMMEDIA	DUE TO, OR AS A CONSEOU	IENCE OF	a Pi	
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i i	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING 10	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 110
	ATION	PART 2 OTHER SIGNIFICANT (DEATH BUT NOT RELATED TO THE TERM	200 AUTOPSY?	20h IF YES, WERE FINDINGS USED
2	TIFICATION					
	CERTIFICATION	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED 214 HOW INJURY OCCURE	200 AUTOPSY? YES NO	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{ NO } \)
29		190 DATE OF OPERATION	216. TIME OF INJURY HOUR A.M. MONTH D	OPERATION WAS PERFORMED 214 HOW INJURY OCCURE	200 AUTOPSY? YES NO	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{ NO } \)
29		190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINE 21d IN JURY OCCURRED	216 PLACE OF INJURY	PAY YEAR 19 211 LOCATION	200 AUTOPSY? YES NO	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO RY IN ITEM 18 PART 1 OP PART 2)
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49		190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTHY MEDICAL EXAMINE 21d INJURY OCCURRED WHITE NOT WHITE AT WORK 220 I certify that (1) (this hosp saw the deceased alive or	216 TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE) (ital) ottended the deceosed from.	HOPERATION WAS PERFORMED 21c HOW INJURY OCCURS 19 21f LOCATION STREET 19 44 45 45 46 47 47 47 47 47 47 47 47 47 47 47 47 47	200 AUTOPSY? YES NO ENTER NATURE OF INJU CITY OR TO	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO COUNTY COUNTY STATE 19 that (b) (we) be attended from the causes stated.
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STATE OF MARYLAND



G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill. Md.

(VRA 15, 4)

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE **CERTIFICATE OF DEATH** REGISTRAR REG. NO 20 DATE OF DEATH MONTH 26 HOUR 1. DECEASED NAME (TYPE OR PRINT) 2:30 Marie Theresa LaPlaca - 08 984 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS 3. SEX DAYS HOURS White Female. - 1902 **BALTIMORE CITY OR COUNTY OF DEATH** TO BIRTHPLACE ISTATE OR FOREIGN Th. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Virginia Prince George WIDOWED DIVORCED TO 10 CITY OR TOWN OF -LAIM 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! LIYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Villa Rosa Nursing Home Register Nurse Doctor Off. USUAL RESIDENCE (# NURSING 13. STREET ADDRESS / ZIP COOF 13d INSIDE CITY LIMITS? Prince Geo. NO [5012 54th Avenue 20782 Maryland Hvattsville 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME McNerhany M. Raymond Frances Sneeden 17. INFORMAREV. A. Dal ABETcon 3800 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 578-30-306\$Lottsford Vista Rd.Mitchellville,MD No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) CARDIAL FAILURE PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LATRACTA AS A CONSEQUENCE OF STE NUSIS IN YEARS Canditions, if any, which gove rise to immediate cause (a), stating the ARTERIOSELEROSIS ENERALIZED underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOXX NO [] 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF FITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC | WHILE NOT WHILE 22a. | certify that (1) (1) herental) attended the deceased from, 3 saw the deceased alive on. , and that in (my) (apinian death occurred an the date and hour and from the causes stated above, (1) (we) (did) (did) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE DEGREE ATTENDING MEDICAL old be deta PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22e. ADDRESS CALLANT FOX LA. BOWLE 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 236 DATE 8/11/84 Washington D.C.OUNIY STATE Burial Mt. Olivet Cemetery 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Francis Gasch's Sons Funeral Home, P.A. DHMH - 16 50M 4/B3 Great Davidson-Hyattsville, Md. 20781 (VRA 15, 4)

M. Prince George Mitchellyille Wills Bors wurning Home Register June Weller Life. THE LIMPTON COLONIES X STATE FOWGER, MILL Rd. Prenced A. Po erhaby Rev. A. Dal Sbloom 3800 Byg-30-3055tottsford Wieta Rd. Hitchell Wille, NO. BRITISH BELLEVILLE FOR SEAL FOR ATTEMPT AND 20491-51 A DETT & STENGERS A ARTON A TENER OF THE STATE OF THE A SMITH William Swife ME Pourous County a Sans stage of the common Division, D. C. Brading

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1 -	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO	O.	1.7	is not	
ı		CEASED NAME FIRST	MIDDLE			20 DATE OF DEATH MON			DAY YEAR	26 HOUR	
1	1	RUBY	DEL	ORES	LARS	ON	6. AGE (IN YEARS LAST BIR	IIC 29	1984	7:30	
ı	3. SEX		4 RACE		5 DATE C		6. AGE IN YEARS LAST BIR	HDAY)	MONTHS DAYS	IF UNUER 2	A HRS
		Female	Whi		Jul	y 3, 1930	54	YRS.			
A		RTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY O	_			
	10 CV	North Dakota	U.S.A.		WIDOWE	DIVORCED DIVORCED DR OTHER INSTITUTION	Prince Ge		Tizh KINDO	E DI ICINIEC	MD.
	And	irews A.F. Base	Malc	olm Grow	Hospi		(TYPE OF WORK FOR MOST OF Housewife			L BOSINES	3 OK
5	_	AL RESIDENCE (# NURSING HE) TO LET THE PERSON OF THE PERS	OTHER INSTITUTION	13c CITY OR TOW		13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	ZIP CODE	1726	144	9
Ø		THER'S NAME FIRST	WIDDIE	LAST		15. MOTHER'S MAIDEN NAM	ME		LAS		
2	lén V	Charles VAS DECEASED EVER IN U.S. AR	MED FORCES?	Rush	RITY NO.	Dorothy IT INFORMANT	TallassADDRE	SSma	Pa. 17		
5		VES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	516-28	-6969	Mr. Orvin G			ess Ave	•	
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIO PULMONARY ARREST ARREST IMMEDIATE CAUSE (a) CARDIO PULMONARY ARREST								MATE INTERV	EATH
1		IMMEDIA.									
		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, O	Previous R AS A CONSEQUE		LONG RESPERAT	ORY ARREST	rest			
	N	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	EN IN PART 110	0	
2	CERTIFICATION	19a DATE OF OPERATION 19b COND		ndition for which operation was performed			200 AUTOPSY? 20b. IF YES, WERIN CERTIFYING (YES NO YES)			NGS USED OF DEATH	1?
9	AL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEL	HOUR A.		AY YEAR	21¢ HOW INJURY OCCUR		RY IN ITEM 18 P.	ARI I OR PARI 2)		
	MEDICAL	? Id INJURY OCCURRED white Not white At work		OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	211 LOCATION STREET	CITY OR 70	wN	COUNTY	577	ATE
		saw the deceased alive an above, (1) (we) (did) (did no	29 A	MG 19 8	23 16	nd that in (my) (our) apinion a	, 10	ate and hour	r and from the	that (I) (we	e) last
		W. SIGNATURE Downled &				DEGREE ATTENDING MEDICAL STAFF PHYSICIAN A DIRECTOR PHYSICIAN			224. DATE SIGNED 8/29/1984		
/		224. PHYSICIAN'S NAME (TYPE C	OR PRINT)			22e. ADDRESS					
		DAVID SIP				Malcolm Gro		rew A.	F.B., 1	Md. 2	0331
		Burial, CREMATION, REMOVAL	236. DATE 9/4/:			on Nat. Cem.	Arlington	Ar.	lington	Va.	
	24 FU	UNERAL DIRECTOR	0	ADDRESS.	1 1/2	1 /4/1.11	E REC'D BY REGISTRA	A RECUST	RAR'S SIGNAT	LA DO	
	De	and y From	50S. Froad St. Naynes bors BEP 04 SM Jahres - Amore								

DHMH - 16-50M 4/83 (VRA 15, 4)

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DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ı	1 -	REGISTRAR				CERTIF	ICATE OF DEAT	H	REG. NO).			
		EASED NAME	EIRST	^	MIDDLE	l	AST	1		MONTH DAY	YEAR	2b. HOUR	
l	(TYPE	OR PRINT)	Edna	M	Lav	wrence			August 16,	1984		5:05A	м
3	SEX		4.1	RACE	·	5. DATE C			6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	# UNDER 24 H	HRS
L	F	emale		White		Augi		E AR	86	YRS.	VIIIS DATS	HOURS M	IIN.
Þ		RTHPLACE (STATE OR F	OREIGN 7b.	CITIZEN OF	WHAT COUNTRY?	8			9. BALTIMORE CITY O		FDEATH		
4	P	ennsylvani	a	USA		MARRIE			Prince G	eorges	Count	У	MD.
7		TY OR TOWN OF DEA			HOSPITAL, NURSII	NG HOME C	OR OTHER INSTITUTE	ION	126 USUAL OCCUPATION		126. KIND O	F BUSINESS	
1	L	aurel.	10				ville Hos	pita	housewif	e	INDOSTRI	home	
		L RESIDENCE (IF NURSI	NG HOME OF OTH	ER INSTITUTION	GIVE RESIDENCE BEFOR	RE ADMISSION)	13d. INSIDE CITY LI		13e STREET ADDRESS	ZIP CODE			
		ld	Howard	l	Elkridge		YES X NO		6620 Wa		on Bli	d 212:	27
4		THER'S NAME	MIDI	DLE	LAST		15 MOTHER'S MAI				LAS	ī	
1	u	Villiam Kit	gore				Emma ^{rst} S	stone					
T		VAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SEC		17. INFORMANT	D	addre In 10225 Br		Lano	Calum	hia
		10			184 05	20545	Dale P.	<i>олр</i> и	IN 10225 BA	aucey		11	1
Г		18 CAUSE OF DEATH PART I, DEATH W	H (Enter only o	ne couse per	line for (a), (b), or	nd (c).)	10:11		- 11 11 1		BETWEEN	MATE INTERVAL ONSET AND DEA	ATH_
1			IMMEDIATE (LNTP	-ALTAI	BLE CONGE	55T/Y	E HEART F	THIVILE	7 7 9	FAR	
1				DUE TO, O	R AS A CONSEQU	JENCE OF	LATAD	- 1.	1711-				
1		Conditions, if only, which gove rise to immediate											
1		couse (a), stofing the DUE TO OR AS A CONSEQUENCE OF											
ı		underlying couse		(c)									
ı	z	PART 2 OTHER SIGN	IFICANT COM	VDITIONS CO	ONTRIBUTING TO	DEATH BUT			INAL DISEASE OR CON	A .		a ·	
	5	19a DATE OF OPERAT	1001	5VFFIC	ITION FOR WHICH	LVU	EL GAS	1941	NESTINAL 200 AUTOPSY?	BLEED!		VGS LISED	_
4	CERTIFICATION	194 DATE OF OPERAT	1014	198 COND	ITION FOR WHICE	TOPERATIO	IN WAS PERFORMED	U		IN CERTIFY	NG CAUSES	OF DEATH?	
4	ERT	21a. ACCIDENT WAS UND	ERIVING	21b. TIME O	F IN ILIRY		21c HOW IN IURY	OCCURR	YES NO	YES		NO []	
		OR CONTRIBUTING	AUSE OF DEATH		M. MONTH D		1	O C C O KK	(EMERICAL OF DISTOR	IT WATER TO TAKE	, 04 (141 (1)		
1	MEDICAL	(16 EITHER, NOTIFY MEDIC		P. 21e PLACE		19	211 LOCATION						_
Т	MEC	WHILE NOI WH			REET, EACTORY, OFFICE,	EARM, ETC.)	STREET		CITY OR TO	WN	COUNTY	STATE	É
1		AT WORK AT WOR	CK.			0	17	42	. A 011	10	44	ah - a (1) (110)	lack
1		226 I certify that (1) saw the decease				94.	nd that in (my) (our)	opinion d	death occurred on the do	ate and hour o	-	that (1) (we)	
		sow the decease above, (1) (www.) (q 27b SIGNATURE	(d) (did not) v	iew the body	ofter death.		DEGREE				22c DATE	SIGNED	
1		71	419	1 19 Al	U		ATTEN	NDING C	MEDICAL STAI	F			
Н		224 PHYSICIAN'S NA	AME (TYPE OR PE	RINT)			22e ADDRESS	ICIAN Z	DIRECTOR PHYSIC	IAN [
		1	ES N	PLHA	Do		371	PRIN	LE GEORL	EST			
1	23a. B	BURIAL, CREMATION,		23b. DATE		NAME OF C	EMETERY OR CREM	ATORY	123d LOCATION		DiPin A	Ad STATE	E
		Cremat	ion	Aug. 1	17,1984	westu.	rew Memor	ial t	Park CITY OR TOWN CO	LUNSVL	ice, i	ALON-	
1	24 FL	JNERAL DIRECTOR		. 0 11	ADDRESS	2 114		AUG	2 5 1984 STA	ASSESSOR!	Beechlon	111	13
		Donaldson	tunero	u Home	e, Laures	., ма			U				



TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral a should be detached for use as the bunal-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with a 72 km with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

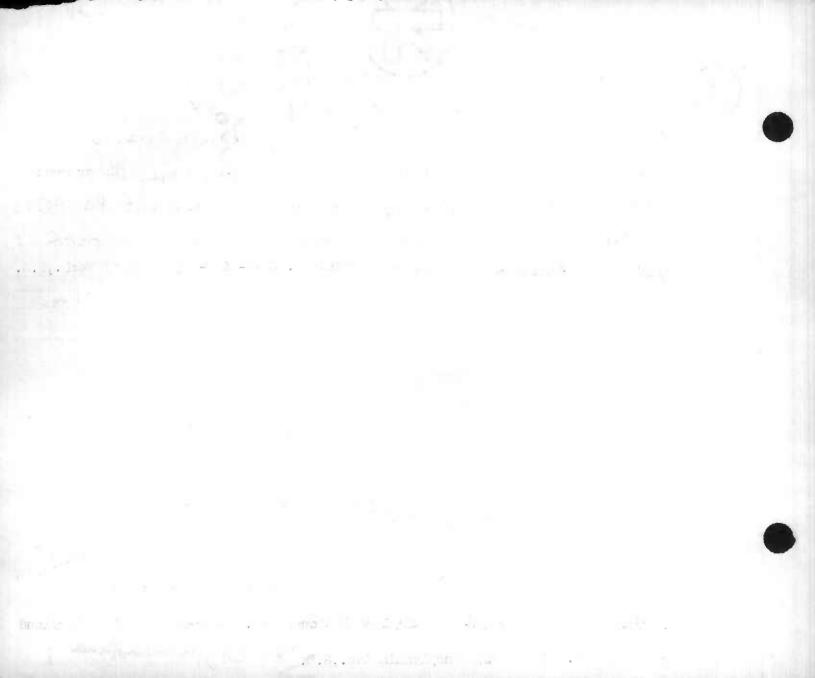
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			CE		REG, N	10.		
	CEASED NAME FIRST	MID	DLE	LAST	20 DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
	HAZEL			-EAK		8-1	7-84	300
SEX	X	4. RACE		ATE OF BIRTH	6. AGE (IN YEARS LAST BE		F UNDER I YEAR	IF UNDER 24 H
	MALE	BLAC		4 4 30	54	YRS.	DATS	HOOKS N
	RTHPLACE STATE OR FOREIGN	16. CITIZEN OF WI	HAT COUNTRY? 8	ARRIED NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	OF DEATH	
	N. CAROLINA	USA.		DOWED DIVORCED [PRINCE	GEOR	623	
0 CI	ITY OR TOWN OF DEATH		SPITAL, NURSING HO	OME OR OTHER INSTITUTION	12a USUAL OCCUPAT		12b. KIND OF	BUSINESS
L	LARGO		R CARE	LARGO	0 1 -	mol.	Govern	nment
	AL RESIDENCE (IF NURSING HOME CONTACTE 136 COU		VE RESIDENCE BEFORE ADMIS	SION) 13d. INSIDE CITY LIMITS				
	A. A.	4	"Apital HEK	TES NO [nmont	- Rd.	207
4 FA	ATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN I	MAME		LAST	
	UNK		F. 9.	POSI	5.		45	AK
	VAS DECEASED EVER IN U.S. A	RMED FORCES? 16	6 SOCIAL SECURITY		ADDR			
			245-44-4	723 Fannie E. I	leak-wife-29	36 M Pl	SE Was	sh.,D.
7	18 CAUSE OF DEATH (Enter o	inly one cause per lin	ne far (a), (b), and (c)				APPROXIA BETWEEN O	MATE INTERVAL
	PART I. DE ATH WAS CAUS	ATE CAUSE (a)	etastatic	Oatcell La	rcinoma			2005
FICATION	19a DATE OF OPERATION	196 CONDITI	ON FOR WHICH OPER	RATION WAS PERFORMED	20a AUTOPSY?	IN CERTIFY	WERE FINDING CAUSES	OF DEATH?
ERTIFICATION	190 DATE OF OPERATION				YES NO	IN CERTIFY YES	ING CAUSES (
AL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME OF HOUR A.M.		ZIC HOW INJURY OCC		IN CERTIFY YES	ING CAUSES (OF DEATH?
-	Z1a. ACCIDENT WAS UNDERLYING	21b. TIME OF HOUR A.M.	INJURY MONTH DAY Y	Z1c HOW INJURY OCC YEAR 19 211 LOCATION	YES NOW	IN CERTIFY YES URY IN ITEM 18 PAI	RT I OR PART 2)	OF DEATH?
MEDICAL CERTIFICATION	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI 1/6 EITHER NOTHEY MEDICAL EXAMINI 21d INJURY OCCURRED WHILE NOT WHILE	21b. TIME OF HOUR A.M. FR) P.M.	INJURY MONTH DAY Y	Z1c HOW INJURY OCC YEAR 19 211 LOCATION	YES NO	IN CERTIFY YES URY IN ITEM 18 PAI	ING CAUSES (OF DEATH?
-	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI 116 EITHER NOTHEY MEDICAL EXAMINI 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21b. TIME OF HOUR A.M. P.M. 21e PLACE OF (AT HOME STREE	NJURY MONTH DAY Y INJURY I FACTORY, OFFICE FARM E	Z1c HOW INJURY OCC YEAR 19 211 LOCATION	YES NOW	IN CERTIFY YES URY IN ITEM 18 PAI	RT 1 OR PART 2)	OF DEATH? NO [
-	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI IN EITHER NOTHY MEDICAL EXAMINI 218. INJURY OCCURRED WHILE NOT WHILE AT WORK AND WHILE 220. I certify that (I) (this has saw the decased alive a	21b. TIME OF HOUR A.M. P.M. 21e PLACE OF (AT HOME STREE	NJURY MONTH DAY Y INJURY I FACTORY, OFFICE FARM E	ZEAR 19 211 LOCATION STREET	YES NOW URRED (ENTER NATURE OF IN)	IN CERTIFY YES URY IN ITEM 18 PAI	COUNTY	OF DEATH? NO STATI
-	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI 116 EITHER NOTHEY MEDICAL EXAMINI 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a I certify that (I) (this has	21b. TIME OF HOUR A.M. P.M. 21e PLACE OF (AT HOME STREE	INJURY MONTH DAY Y INJURY I FACTORY OFFICE FARM E	ZEAR 19 211 LOCATION STREET	YES NOW URRED (ENTER NATURE OF IN)	IN CERTIFY YES URY IN ITEM 18 PAI	COUNTY 9.14 to and from the co	STATI
-	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI IN EITHER NOTHY MEDIC ALEXAMINI 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AI WORK 220 1 certify that (1) (this has a saw the deceased alive a other.	21b. TIME OF HOUR A.M. P.M. 21e PLACE OF (AT HOME STREE	INJURY MONTH DAY Y INJURY I FACTORY OFFICE FARM E	ZIC HOW INJURY OCC 19 211 LOCATION STREET 19 , ond that in (my) (aur) apini DEGREE	YES NOW NURRED (ENTER NATURE OF IN)	IN CERTIFY YES URY IN 11EM 18. PAI	COUNTY	STATI
-	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI IN EITHER NOTHY MEDIC ALEXAMINI 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AI WORK 220 1 certify that (1) (this has a saw the deceased alive a other.	21b. TIME OF HOUR A.M. P.M. 21e PLACE OF (AT HOME STREE	MONTH DAY N MONTH DAY N INJURY T FACTORY, OFFICE FARM E	ZIC HOW INJURY OCC 19 211 LOCATION STREET 19 , ond that in (my) (aur) apini DEGREE	YES NOW URRED (ENTER NATURE OF IN)	IN CERTIFY YES URY IN 11EM 18. PAI	COUNTY 9.14 to and from the co	STATE ST
-	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI 18 EITHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED WHITE NOT WHITE AT WORK 22a I certify that (1) (this has a saw the deceased alive a saw the deceased alive a saw.	21b. TIME OF HOUR A.M. P.M. 21e PLACE OF (AT HOME STREE	MONTH DAY N MONTH DAY N INJURY T FACTORY, OFFICE FARM E	21c HOW INJURY OCC 19 211 LOCATION STREET , ond that in (my) (aur) apini DEGREE ATTENDING PHYSICIAN	YES NOW URRED (ENTER NATURE OF INJ CITY OR TO an death occurred an the company of the company	IN CERTIFY YES URY IN 11EM 18 PAI OWN 10 AFF	COUNTY 9 14 1 and from the c	STATI
MEDICAL	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI IN EITHER NOTHY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE 226 I certify that (1) (this has; saw the deceased alive a active of the second of	21b. TIME OF HOUR A.M. P.M. 21e PLACE OF (AT HOME STREE	MONTH DAY N FINJURY T FACTORY, OFFICE FARM E deceased from 19 84 10 10 10 10 10 10 10 10 10 1	21c HOW INJURY OCC 19 211 LOCATION STREET 19 10 10 119 19 19 19 19 19 19 19 19 19 19 19 19	VES NOW URRED (ENTER NATURE OF INJ CITY OR TO TO MEDICAL STA DIRECTOR PHYSI WAY, SO	IN CERTIFY YES URY IN 11EM 18. PAI	COUNTY 9 14 1 and from the c	STATE hat (I) (we)
MEDICAL MEDICAL	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI IN EITHER NOTHY MEDICAL EXAMINI 21d INJURY OCCURRED WHITE NOT WHITE AT WORK 220 I certify that (1) (this has a saw the deceased alive a sa	21b. TIME OF HOUR A.M. P.M. 21e PLACE OF (AT HOME STREE) pital) attended the north many the load	MONTH DAY N MONTH DAY N E INJURY T FACTORY, OFFICE FARM E deceased from 19 84 17 18 18 18 18 18 18 18 18 18 18 18 18 18	21c HOW INJURY OCC 21l LOCATION STREET 19 21l LOCATION 19 19 21d LOCATION 19 19 21d LOCATION 19 19 21d LOCATION 19 19 21d LOCATION 21d	YES NOW URRED (ENTER NATURE OF INJ CITY OR TO TO	IN CERTIFY YES URY IN 11EM 18 PAI OWN 10 AFF	COUNTY 9 14 to the county 22C. DATES	STATION OF DEATH? NO STATION OF THE
MEDICAL Bu	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI IN EITHER NOTHY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE 226 I certify that (1) (this has; saw the deceased alive a active of the second of	21b. TIME OF HOUR A.M. P.M. 21e PLACE OF (AT HOME STREE	MONTH DAY N MONTH DAY N E INJURY T FACTORY, OFFICE FARM E deceased from 19 84 17 18 18 18 18 18 18 18 18 18 18 18 18 18	21c HOW INJURY OCC 21l LOCATION STREET 21l LOCATION 10, ond that in (my) (our) apini DEGREE ATTENDING PHYSICIAN 22e ADDRESS 5100 A JT OF CEMETERY OF CREMATOR Land National	YES NOW URRED (ENTER NATURE OF INJ CITY OR TO TO	IN CERTIFY YES URY IN 11EM 18 PAI OWN AFF ICIAN UTHA	COUNTY 9 24 that the county 122. DATE S	STAND IN STA

DHMH - 16 50M 4/83 (VRA 15, 4)

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BP.



Hvattsville, Md. 20781

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(VRA 15, 4)

STATE OF MARYLAND

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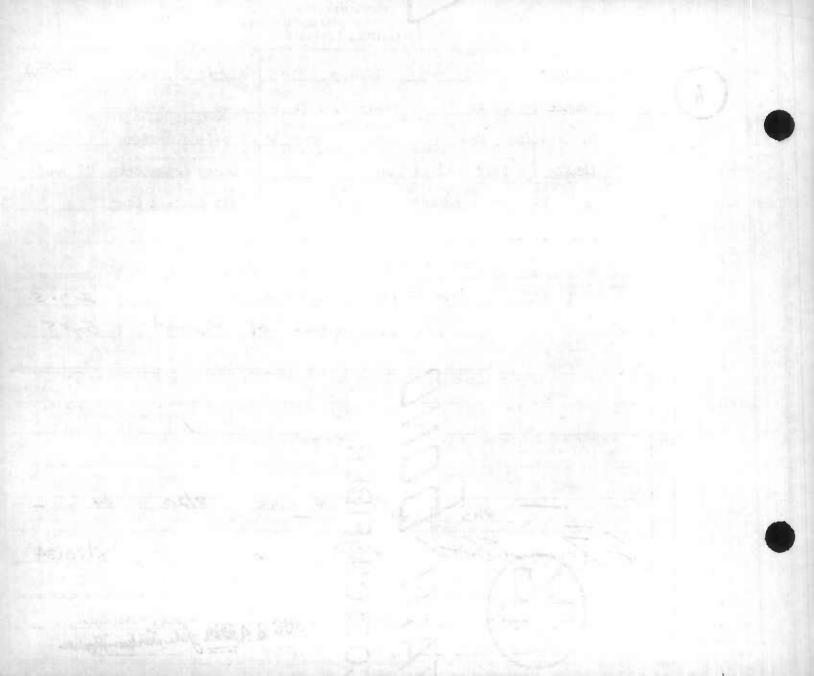
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	D.				
	CEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH			YEAR	6:0	
1.00	Marietta	DACE		S. DATE O	cpseu	August 20		IF UNDER	LYFAR	IF UNDER	- / 4 - / 1
3. SE	X - 4	RACE		MONTE (8. AGE (INTEARSTAST DIR	INDAT)	MONTHS	DAYS	HOURS	MIN.
	Female	Whit	e	Marc	ch 7, 1938	46	YRS.				
	IRTHPLACE (STATE OR FOREIGN 71	CITIZEN OF	WHAT COUNTRY?	8.	D X NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	Y OF DE	ATH		
	N. Caroli	ina U	ISA	WIDOW		Prince.	Georg	208			MD.
10 C	ITY OR TOWN OF DEATH	1. NAME OF	HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATI	ON	12b I		F BUSINI	ESS OR
	Laurel		Carissa			library te				Gov	+
USU	AL RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)					us	OUV	1
130	STATE Md 136. COUNT	Υ	Laurel	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 7622 Cari			20	70	7
14. F.	ATHER'S NAME				15 MOTHER'S MAIDEN NA	ME		,			
	Fred W. W	DIP LOW	LAST		Pearl	Wise MIDDLE			LAS	T	
160.3	WAS DECEASED EVER IN U.S. ARM		16b. SOCIAL SECU	RITY NO	17 INFORMANT	ADDRE	SS				
	YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	241 60 4								
	no		241 00 4	670	Daniel R.	upsey sa	me as			11. 4 FF 15.1 FF	
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse pe	r line far (a), (b), and	dici.)				Be	TWEEN	MATE INTE	DEATH
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	sow the deceased alive an_	81	15 19		nd that in (my) (our) apinian	death accurred on the de	ate and ha	our and fr			
	above, (1) (we) (did not)	view the body	y alter death		DEGREE					SIGNED	
	////	01	2	1	ATTENDING	_ MEDICAL STA			2/2	-/0	1
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	22d. PHYSICIAN'S NAME (TYPE OR	PRINT)			22e ADDRESS						
23a	BURIAL, CREMATION, REMOVAL	236. DATE	230	NAME OF	CEMETERY OR CREMATORY	23d LOCATION					
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DHMH - 16 50M 4/83 (VRA 15, 4)

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24 FUNERAL DIRECTOR Donaldson Funeral Home, Laurel, Md



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	ASHOR	3. SEX		4. RACE	5. DATE OF BIRTH	YEAR	& AGE (IN YEA	RS IF UN	DER 1 YR. JIF UNDER		MONTH	DAY YEAR	24 HOUR
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a. DATE OF DEATH 2h HOUR LONGSTREET TYPE OR PRINT! 6. AGE (N EARS LAST BIRTHDAY) 4 RACE 5. DATE OF BIRTH IF UNDER LYEAR MONTH 1898 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED [NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Homemaker own home USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RESPECTE BEFORE ADMISSION)
13a. STATE

13b. COUNTY

13c. CHY OR TOWN HIST INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Dowce NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Alfred Stover Sarah Jane Wehunt ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT Keyberry Lane (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 254-36-1560 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),
PART I. DEATH WAS CAUSED BY: Cardiones 0 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF cere brovas an Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse congresti 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20h, IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOV YES [NO T 21a ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M 21d. INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE 220.1 certify that (1) (the bounds) attended the deceased from saw the deceased give on saw the sow the deceased alive on 4/9 to obove, (I) (we) (did half) view the bady after death _ and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated 226. SIONATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF old be deta PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Dr. David A. Boetcher, M. D. 14300 Gallant Fox Lane Bowie, MD 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY August 21, Burial Milcreek Bapt.Ch.Cem. Dahlonega, Lumpkin, Georgia BY REGISTRAR 256 REGISTRAR'S SIGNATULE 24 FUNERAL DIRECTOR 16000 Annapolis Road DHMH - 16 50M 4/B3 1984 Julia Davidson Randalle Beall Funeral Home Bowie, Maryland 20715 (VRA 15, 4)

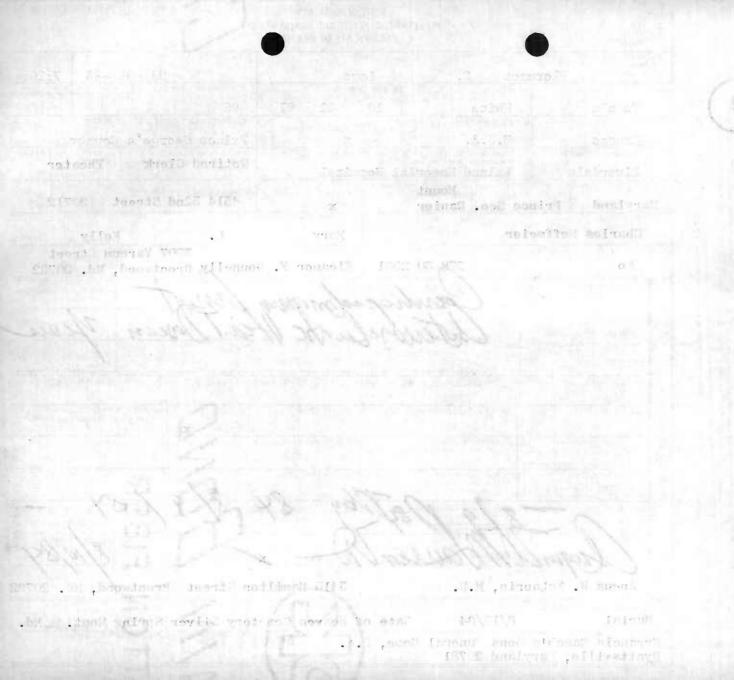
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Paul Nubrul 1009 Fowls, Maryland Corp.

BP______ DHMH - 16 50M (VRA 15, 4)

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	Female	White		10 02	87	96	YRS	MONTHS DATS	HOURS
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAR HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26. HOUR (TYPE OR PRINT) , page 3 er death MARIE RICKS LUGUE 1984 AUGUST 22 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH HOURS Female Black Nov. 16 1906 TO BIRTHPLACE ISTATE OF FOREIGN b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Wash., D.C. United States WIDOWED Prince George DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Beaver Heights 302 N. Addison Road Waitress Private Club BALTIMORE, MARYLAND 2120 JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? P.G. Maryland Beaver Hts. 4302 N. Addison Road 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME 0 MIDDLE MIDDLE Hamilton Hudnell Ricks Jennie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO **ADDRESS** 17. INFORMANT Niece Beaver Hts. (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 578 05 9067 Virginia Wiggins-4302 Addison Rd, Maryland No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line, for (a), (b), and, (c).) PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 16: CERTIFICATION 0 prior 190 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? bec NO YES NO [] iol-transit ond Mental Hyg ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! P.M 19 2 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE WHILE NO! WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from Aucust 10 8 saw the deceased alive on_ and that in (my) (our) apinian death accurred an the date and hour and from the causes stated above, (1) (we) (did not) view the Body after death should be detached with the State Dept. 22b. SIGNATURE DEGREE 22c. DATE SIGNED * ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN FUNERAL 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS MPORT 2041 Georgia Avenue, N.W. Wash., D.C. Dr. Denise Borden 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE COUNTY Burial Alexandria Nat. Cem. Alexandria, Virginia 24. FUNERAL DIRECTOR DHMH-16 60M 1/73 (VR A 15 (4)) ALEXANDER S. POPE-2617 Pa Ave SE Wash. D.C.

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECLASED NAME KNOWN X 2a. DATE MONTH DAY (TYPE OR PRINT) OF ESTI-DEATH MATED MALLARE 15 1984 S. MARY D.M S. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER TYR. IF UNDER 24 HRS DATE HOUR LAST BIRTHDAY : 40 PRONOUNCED 1984 15 DEAD April 24,1940 Female White To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED DIVORCED USA Delaware Prince George's County 10 CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 17h KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) 4904 Reston Lane Bowie Realtor Real Estate USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY T3d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13c. CITY OR TOWN Pr. George's NO [4904 Reston Lane Bowie 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST EMIST LAST McWhirter, Sr. William R. Eleanor Jones 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 4904 Reston Lane (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 218-36-6378 Bowie. Maryland 20715 Vincent A. Mallare 18 CAUSE OF DEATH (Enter anly ane cause per line far (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Adenocarcinoma of the colon with metastasis DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:01 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO X 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME, 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22a I certify that I took charge of the remains described above, held on Autopsy Inspection and in my apinian Inquiry Notural country Hamicide Undetermined monner ITLE (SPECIFY) 8/16/1984 DATE Deputy M.D. MEDICAL EXAMINER SIGNED ADDRES 5009 Rayburn Ct., Temple Hills, Md. . Rodriguez, M.D. lugusto P 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION Metropolitan Crematory Aug.16,1984 Alexandria, Fairfax, Virginia Cremation 6000 Annapolis Road **DHMH - 17** whia Davidson-Randell Bowle. Maryland Beall Funeral Home (VR A15 ME (5))

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STATE OF MARYLAND

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- - - 213-36-378 Vincent A. Mallare Norts, Marylane 20,75

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page

After this centificate has been signed by the attending physician and ce as the pure transit permit. Then please remove carbon papers. Pages

TO FUNERAL DIRECTOR: After this serificate has been signed by the attending physic should be detached for use as it is burned transit permit. Then please remove carbon papewith the State Dept, of Health and Mental Hygrere prior to burial, cremation, or removal.

may be

and completely filled in by the funeral director, page 3 ages 1 and 2 should be filed within 72 hours after death

STATE OF MARYLAND

1-	STATE REGISTRAR			0117	CERTIF	ICATE OF DEATH	REG	, NO.		
	EASED NAME	FIRST	A	AIDDLE	· · ·	AST	20 DATE OF DEAT	H MONIH	DAY YEAR	26 HOUR
(inte	Maı	су	Marga	ret	MAPL	Ξ	August	23	3,1984	4:37 A
B. SEX	(4 RACE		S. DATE C		6. AGE (IN YEARS LAS	T BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
	Female		Whi	te	12	28 1887		96 YRS	MONTHS DATS	HOURS MIN.
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We	st Virgini	a	U.S.A.		WIDOWE		Prince G	eorge'	S	M
0 CI	TY OR TOWN OF DEA	TH	11. NAME OF H	OSPITAL, NUI	RSING HOME C	R OTHER INSTITUTION	120 USUAL OCCUP		126 KIND C	OF BUSINESS OR
	anham					Pr. Geo. Co.	House	rife	Own	Home
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Ma	ryland	P.G.		Blader	sburg	YES 🔀 NO 🗌	5902 Ann	apolis	Rd. 2	0710
FA	THER'S NAME		MIDDLE	LAST.		15 MOTHER'S MAIDEN N		f	TA IA	ST
	John		31.0	Webst	er	Elizabet	h	NELL	Burk	е
	VAS DECEASED EVER		MED FORCES?	166 SOCIALS	ECURITY NO.	17 INFORMANT	AC	2916 S	.E. Dail	nart Rd.
17	No	(123, 017	t was on bares,	232-10)-1613D	Mary Beckne	r Port S	t. Luc:	ie, Fla.	33452
	18 CAUSE OF DEAT	H (Enter on	ly one couse per	line far (a), (b)	ond ici.				BETWEEN	ONSET AND DEATH
CERTIFICATION	PART 2 OTHER SIGN	VIFICANT C				NOT RELATED TO THE TER	MINAL DISEASE OR C	20b. IF Y	'ES, WERE FINDI TIFYING CAUSE	NGS USED S OF DEATH?
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-	OR CONTRIBUTING	CAUSE OF DEA	TH HOUR A.	M. MONTH	DAY YEAR	210 WINDOW OCCO	(ENTER NATURE OF	INJURY IN HEM IS	S PART (OR PART 2)	
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WE	WHILE NOT WE	HILE RK	(AT HOME, STR	REET, FACTORY, OFF	ICE, FARM, ETC)	STREET	CITY	OR TOWN	COUNTY	STATE
	22a.1 certify that (1)	(this hospi	tal) attended the	e deceased fro	om_Get_C	, 19. 82	- 10 Hug	22	1984	that (I) (we) los
	sow the deceose above, (1) (we) (c	ed olive on	Hugust		9 84,01	nd that in (my) (our) opinion	death occurred on	e dote and h	our and from the	causes stated
-	226 SIGNATURE	0	G.			DEGREE			22c. DATE	SIGNED
	Koly	Den	war .	1		ATTENDING PHYSICIAN	DIRECTOR PH	STAFF YSICIAN [181	23/87
	224 PHYSICIAN'S NA	AME TYPE O	R PRINT)			22e ADDRESS	10 1			
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Burial Aug *Francis Gasch's Sons Funeral Home P.A.

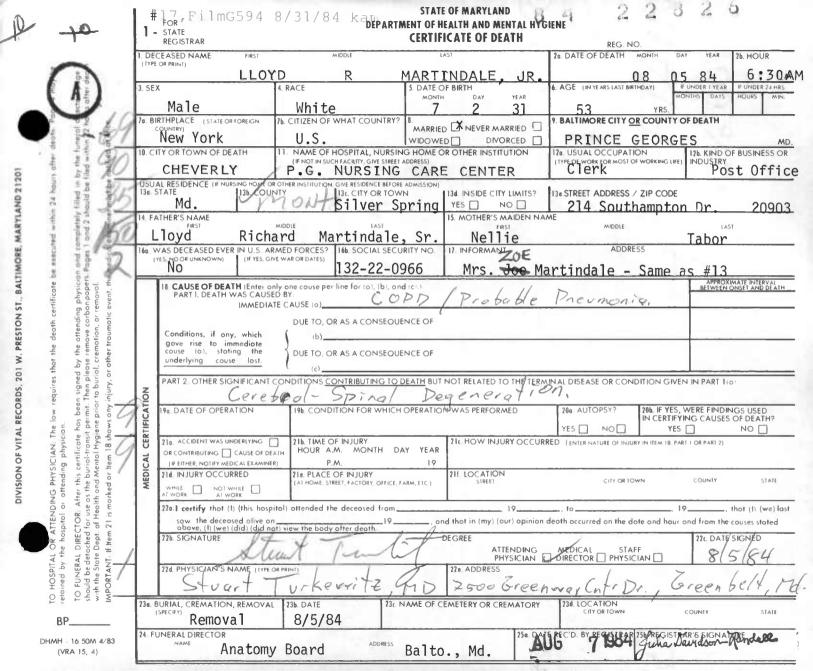
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(4)		CEASED NAME FRSI	WIDDLE	LAST	20 DATE OF DEATH MONTH DA	10 110011
(*R)		Ann		Mardis	August 01,1984	741
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offer office outlie	10 0	AUREL	11. NAME OF HOSPITAL, NUR. (IF NOT IN SUCH FACILITY, GIVE STR. Greater Laure.	SING HOME OR OTHER INSTITUTION ET ADDRESS) Beltsville Hospit	128. USUAL OCCUPATION (TYPE OF WORK OR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY NORSE
MARYLAND 2120 ed within 24 hours mpletely filled in by and 2 should be fill execution interper	13a.	AL RESIDENCE (IF NURSING HOME STATE)		BELT YES NO [13e.STREET ADDRESS / ZIP CODE	10770 411 RB.
MARYLAI red within ompletely f and 2 sho		ATHER'S NAME HENRY	Rolle Hol	DEN ANNA	CWIDDLE	REGAN
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he law range. has been to permit ene prior	CERTIFICATION	iga date of operation	19b. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YES, IN CERTIFY! YES	WERE FINDINGS USED ING CAUSES OF DEATH?
4 OF VITA SICIAN TI ng physici certificate riol-fransi entol Hygi frem 18 sh	MEDICAL CER	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	HOUR A.M. MONTH	DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	IT I OR PART 2)
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OR ATTENDIO or en haspirol or DIRECTOR. A coched for use Dept of Heal of them 21 is m		220 I certify that (i) this hos sow thinder eased oliver above, (i) we (did) did (22b. SIGN) (VRF	pital) attended the deceased from the property of the death.		n death occurred on the days and hour o	and from the causes stoted
O HOSPITAL O erained by the TO FUNERAL DI should be deract with the State De MAPORTANT. If h		1221 MYSICIAN'S NAME ITTER	1 General	MD 76 76 New	HAUKLINE AU	elangley 1K
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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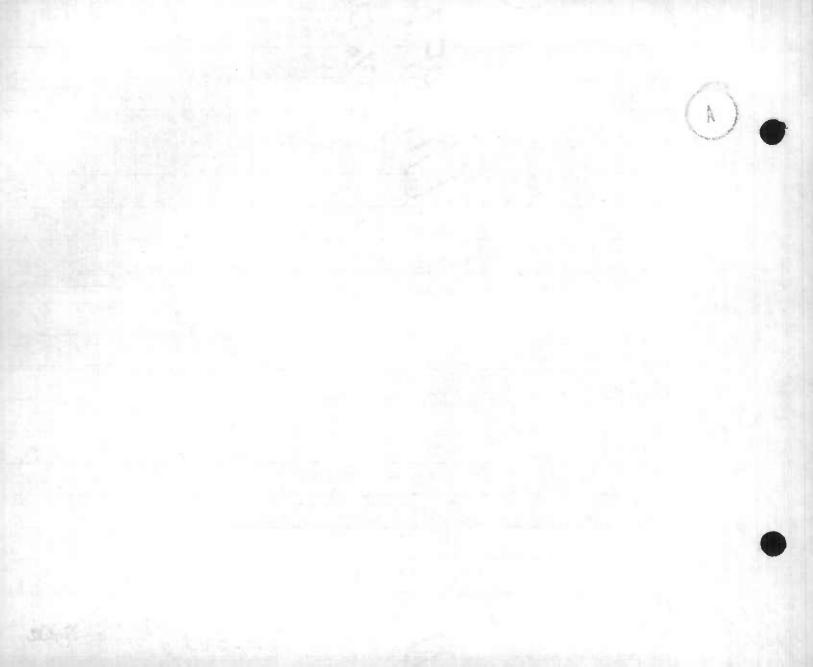
١.	FOR		DEPARTMENT OF HEALTH AND MENTACHYGIENE 2 2 3 2 9 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.						
-	STATE REGISTRAR	MEI							
	CEASED NAME FIRST		WIDDLE		LAST	20. DATE KNOWN OF ESTI-	MONTH DAY	YEAR 26. HOU	
(11	Mar	ry Mag	dalene	M	cAdams	OF ESTI- DEATH MATED	8-5-	10 81 A	
3 SE	F AFRO AMER	Feb 22	YEAR 6 AGE (IN YE LAST BIRTHD			R 24 HRS. 2c. DATE MIN PRONOUNCED DEAD	MONTH DAY	1984 /On	
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GLEN ARDEN		(IF NOT IN SUCH FA	11. NAME OF HOSPITAL, NURSING HOME, OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 8636 GLEN ARDEN PA		ER INSTITUTION WAY	FOR MOST OF WORKING LIFE) HOUSEKEEPE	UAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY CLEANING		
	AL RESIDENCE (IF IN NURSING HOM STATE 136. COL	LE OR OTHER INSTITUTION, GRUINTY G. G.	RESIDENCE BEFORE ADMISSING CITY OR TOWN HYATTSVI		13d INSIDE CITY LIMITS?	13e STREET ADDRESS 404 CHILLUI	Z M RD. #2	0793	
14. F	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAID	DEN NAME		LAST	
	GEORGE		ELLIS		MARY	7. True 90 & Mr.		NDALL	
160	WAS DECEASED EVER IN U.S. A YES, NO. OR UNKNOWN) (IF YES, G	ARMED FORCES? IVE WAR OR DATES)	228-40-8		MR. FRE	ED ELLIS HYA	SCHILLUM PTSVILLE	RD.#20	
	18 CAUSE OF DEATH (Enter PART I DEATH WAS CAUS	anly one cause per line			- 0	A- 1	AF AF	PPROXIMATE INTERVAL	
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	Canditions, if any, whi	ch DUE TO, OR	AS A CONSEQUENCE	OF	/	2.0			
	gave rise to immedia cause (a) stating the unde	ite (b)	AS A CONSEQUENCE	200	sell	ordense	ost		
	lying cause last.		AS A CONSEGUENCE	OF					
z	PART 2 OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERA	AINAL OISEASE	OR CONDITION GIVEN IN P	PART 1 (a).			
CERTIFICATION	196. DATE OF OPERATION	196 CONDIT	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?					AUTOPSY?	
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AL CERT	216 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		MONTH DAY YEA	R 21c. HC	OW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM			
MEDICAL	21d. INJURY OCCURRED WHILE AT WORK AT WORK		OF INJURY (AT HOME, TORY, FARM, ETC.)		CATION	CITY OR TOWN	COUNTY	STATE	
1	22a. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . ond in my opinion death resulted from: Natural courses . Accident . Suicide . Homicide . Undetermined monner .								
	ACTUAL RECEIVED	welf!	each.	2 NM	D. CONTROL OF THE PROPERTY OF	MEDICAL EXAMINER	DATE SIGNED	5-84	
-	EXAMINER'S NAMER (C	HARD.	I.WHEL	1000	ADDRESS 7100	Balimore	Ove Col	lego Ju	
23a.l	BURIAL, CREMATION, REMOVAL SPECIFY)		23c. NAME OF CE			23d. LOCATION CITY OR TOWN	COUNTY	STATE	
74	BURTAT.	08-10-84	Little Z	ion F	Bapt Cem.	Roseland REC'D. BY REGISTRAR [25b. RI	GISTRAR'S SIGNAT	Va.	
	NAME	N 1661 G	WASH, D.	RD G			· · · · · ·		
	G. PIADO	TOOT G	OOD HOLE	מ עזב	· E · ////		Same Chance	AVICA	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) McClary, Jr. John DEATH MATED J. 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE OF BIRTH 3. SEX DATE LAST BIRTHDAY) PRONOUNCED Male White DEAD Jan. 27,1912 YRS Th CITIZEN OF WHAT COUNTRY? Ta BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland U.S.A. Prince George's County WIDOWED [DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126, KIND OF BUSINESS Walsh&Kohler Hyattsville 2815 Nicholson St. Apt-# 102 Glaizer 20782 Glass Co. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13t. CITY OR TOWN Hvattsville 2815 Nicholson St. Apt-#102 P.G. NO [Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST FIRST McClary, Sr. John J. Riley Ruth 17. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS Address Same as No# 13e. 578-01-7454 Yes-Army W.W.II Mrs. Ethel B. McClary APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Conditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IA 20 AUTOPSY E 3 SHOULD BE USE E DEPARTMENT OF DI PRIOR TO BURIA YES [] NO X 2) a EXTERNAL CAUSE WAS 21b. TIME OF INJURY RWARDED TO THE R: PAGE 3 SHOULD B STATE DEPARTMEN 2) C. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME, 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PATER DEATH, WITH THE STINGORE, MARYLAND, 2 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion Natural causes Homicide Undetermined monner death resulted from: MEDICAL EXAMINER 100 Baltimore Ave. Richard L. Whelton, M.D. EXAMINER'S NAME ADDRESS College Park, Maryland (TYPE OR PRINT) 23a.BURIAL, CREMATION, REMOVAL 23b. DATE 231, NAME OF CEMETERY OR CREMATORY Maryland Burial Aug. 15, 1984 Ft. Lincoln Cemetery Brentwood P.G. BP 24 FUNERAL DIRECTOR DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** F. Gasch's Sons F.H. P.A. Hyattsville, Md. (VR A) 5 ME (5)) 20M 4/B2

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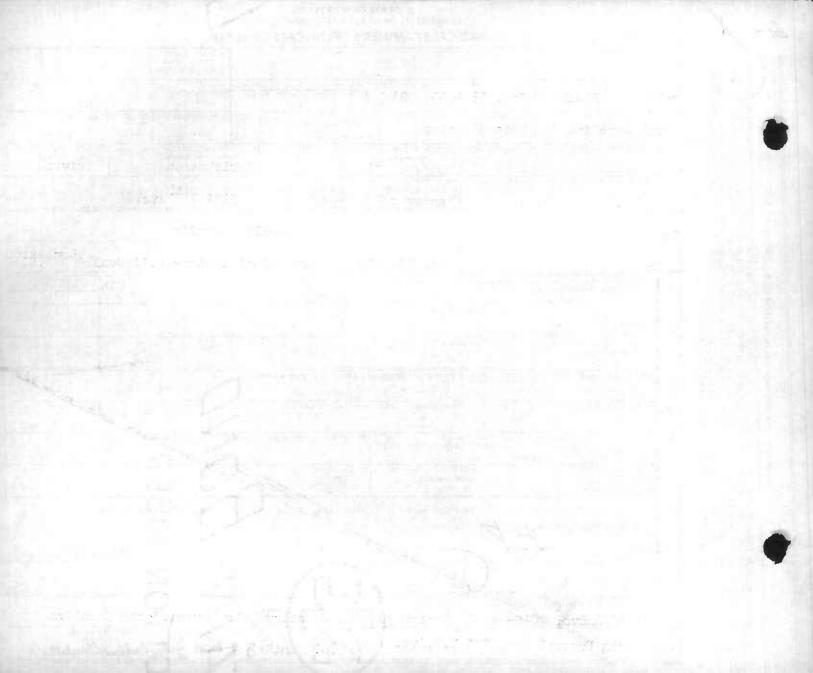
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5	FOR STATE		DEPARTMENT OF HEALT			3 2
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D NO SEE	(TYPE OR PRINT)	14 RACE IS DATE OF BIRT	mich Mi	UNDER 1 YR. JIF UP DE	Se DEATH MATED TU	5 3 19 82 3 M
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A SOR A STATE OF A STA	FOREIGN COUNTRY)			RRIED X NEVER MARI	_ ///	UNTY OF DEATH
MARKET NAME OF THE PARKET OF T	Washingto	OF DEATH II. NAME OF H	HOSPITAL, NURSING HOME, OR O		128 USUAL OCCUPATION (TYPE OF WO	OR INDUSTRY
POLICE AND A STATE OF THE PARTY	USUAL RESIDENCE	None	, GIVE RESIDENCE BEFORE ADMISSION)	Les man morror	Self-Employed	Printing
AND STANKER	Virgini		Burke	13d. INSIDE CITY LIMITS? YES NO [2	8920 Prince Cas	pian Court
EATH FEATH FOR STATE OF THE STA	John John	E MIDDLE A	McIntyre	Gladys	EN NAME MIDDLE	Rudice1
ALTIMOI AFTER D ALTIMOI ACES 12 AGES 12 AGES 12	16a. WAS DECEASE (YES, NO, OR UNKN Yes	D EVER IN U.S. ARMED FORCES? OWN) (IF YES, GIVE WAR OR DATES)	16b. SOCIAL SECURITY NO. 578-48-3375	Spouse	Same as #13a-e	
ECORDS, 201 W. PRESTON ST., B DIE EXECUTED WITHIN 24 HOURS BUDING: IN PENCIL IN ITEM 18, G WEDICAL EXAMINER ALONG WI AS A BURIAL, "RANSIT PERMIT, ALTH AND MENTAL HYGENE DI CREMATION, OR REMOVAL.	Condition gove r cause (c lying ca	ons, if ony, which ise to immediate (b)	OR AS A CONSEQUENCE OF	ST WO	artion	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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DHMH - 17 (VR A 15 ME (5)) 20M 4/82	Cremati	on 8/24/84	Lee's Crema lexandria, Virgi	con Date	Washington Washington HECD BY REGISTRAL TO REGISTRAL	COUNTY STATE D C PS SIGNATURE

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元本発音	10. C	ITY OR TOWN C	F DEATH		SPITAL, NURSING H		HER INSTITUTION	12a. USUAL OCCUPAT FOR MOST OF WORKING	S-LIFE)	12b. KIND OF BU OR INDUST	RY
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21201 AND AND RETAIL		MD.		.G.	Landove		YEXX NO	3124 75	Ave.#4	2016	7
MD. H. F. Z. X. 3. S.	14. E	ATHER'S NAME		WIDDIE	LAST		15. MOTHER'S MA	AIDEN NAME	E	LAST	
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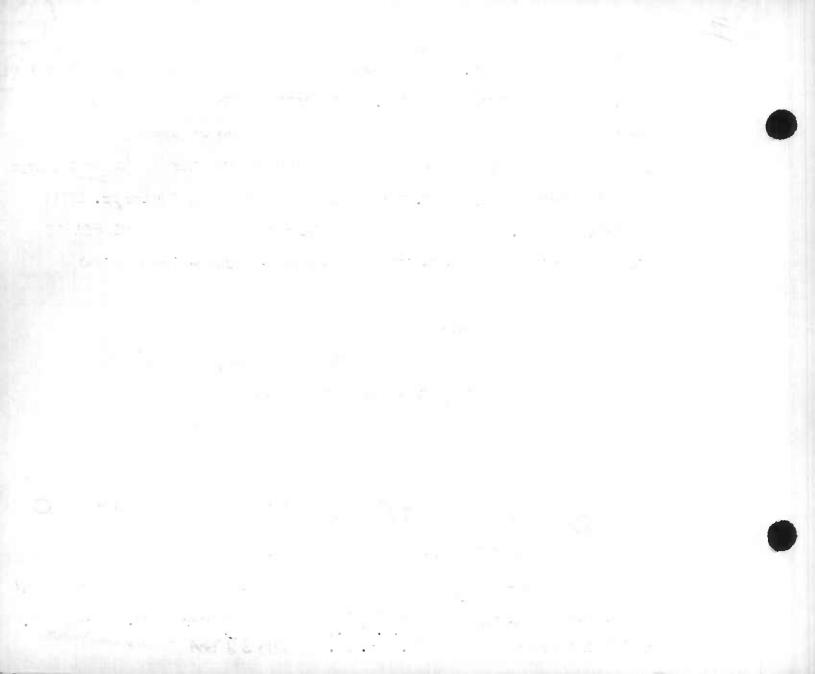


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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



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199900	238 BURIAL, CREMATION, REMOVA	123b. DATE 5Sept84	230 NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE					
DHWH - 16 50M 4/82	Burial 24 FUNERAL DIRECTOR NAME ODER E.	. Wilhelm ADDRE	Dolgesheim Suitland, Md. P. P.	O 4 gg/ssbein	Germany					
(VRA 15, 4)	Funeral H	Home								

ALL CALL 1.

500 UNIV. BLVD. W. SILVER SPRING, MD. 20901

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL AYGIENE

FOR

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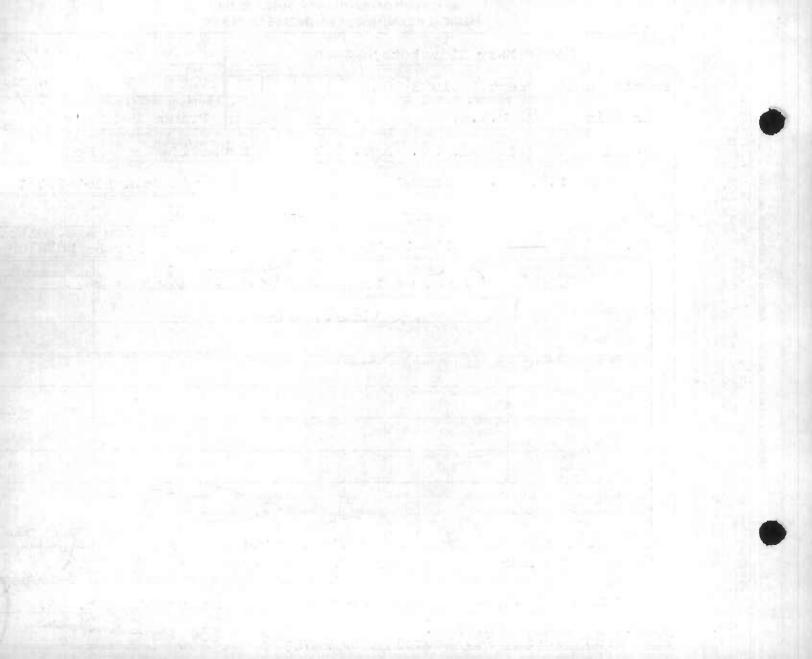
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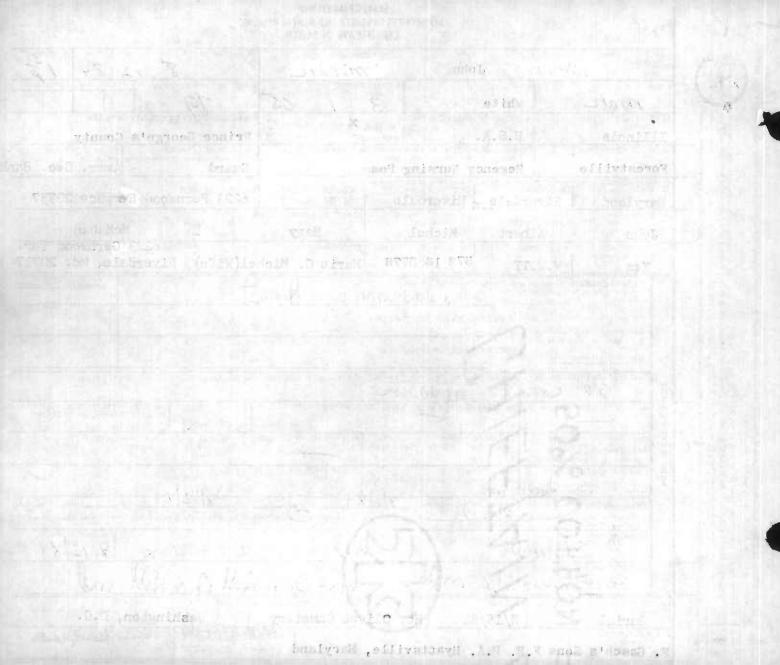
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Rd., Suitland, Md.

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REGISTRAR

Funeral Home

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Magra Adams Zental-selle resilva isanoli 4891 in tergers estate estate estate ... Tarylor Periland College Dist. Hights as 600 Parking Ct. Spns ory Circleth Carrers and Tonia Conf Page 3 - Co. 7203

Carmon B. Barcio, M.D. 7302 Surracts Dd., Clinton, Md. 20735

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALHYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN AT MONTH 7h HOUR (TYPE OR PRINT) OF ESTI-Moreland Thomas 8/24/84 19 Alan 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 3:45 HR LAST BIRTHDAY) PRONOUNCED Male White 2/25/63 20 DEAD 8/24/84 19 Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIEDXX FOREIGN COUNTRY Prince George's County WIDOWED [DIVORCED Maryland VE PAGES 1, 2, AND 3 TO THE FE 4 FORM PM 3. RETAIN PAGE GES 1 AND 2 SHOULD BE FILED SION OF VITAL RECORDS, 201 ID CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS 11, NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Prince George's Gen. Hospital Plumber Cheverly Helper USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 136 COUNTY Pr. George YES NO T Maryland Suitland 2100 Shadyside. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Charles E. Moreland, Sr. Margaret I. Harden. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. Same as TRANSIT PERMIT. PAGES I ENTAL HYGIENE, DIVISION OR REMOVAL. (YES, NO. OR UNKNOWN) 1 (IF YES, GIVE WAR OR DATES) Margaret I. Moreland No Unknown 13 E 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PARTIDEATH WAS CAUSED BY: Multiple Injuries IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to ATE DEPARTMENT OF HEALTH A CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [710. EXTERNAL CAUSE WAS 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY X OR UNDERLYING driver who hit parked car 8/24/84 motorcycle CONTRIBUTING CAUSE OF DEATH 2 . 49 BOX 21e PLACE OF INJURY (AT HOME, 211. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) NOT WHILE 2415 Books Dr., Suitland, Pr. Geo., Md. PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE! BALTIMORE, MARYLAND, 21201 roadway AT WORK 220. I certify that I taak charge of the remains described above, held an Inquiry Autopsy Accident X Suicide Undetermined manner death resulted fram: Natural causes TITLE (SPECIFY) ACTUAL 8/25/84 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Greogry R. Kuaffman, M.D. ADDRESS 111 Penn St. (TYPE OR PRINT) 73¢ NAME OF CEMETERY OR CREMATORY 73d. LOCATION 23a BURIAL, CREMATION REMOVAL 23b DATE STATE COUNTY Cremation Aug. 27,84 Cedra Hill Crematory Suitland Robert E Wilhelm Funeral Home Suitland, Md. (VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. 20. DATE KNOWN DECEASED NAME HINOM YEAR 2h HOUR LTYPE OR PRINT) ESTI-DEATH MATED 8-15 1984 CEDRIC **GEORGE** 3. SEX 5. DATE OF BIRTH IF UNDER 24 HRS 84 DATE 67 VDS PRONOUNCED 9 16 MALE WHITE YRS To. BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? *-BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED Maine U.S.A. PRINCE GBORGES WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION TYPE OF WORK 12b. KIND OF BUSINESS Ret. Engineer Cheverly Prince George's General Hospital REPAGES 1, 2, AND 3 TO FORM PM 3. RETAIR PGES 1 AND 2 SHOULD BESION OF VITAL RECORDS USUAL RESIDENCE (IF IN NURSING HOME OR OTH Landover Hills Maryland 13d. INSIDE CITY LIMITS? 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Wall W. Morris Margaret George 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 66. SOCIAL SECURITY NO 17. INFORMANT ADDRESS 4417 72nd Ave. YES, NO, OR UNKNOWN) 007-09-4331 Willie Lee Morris Landover Hills, Md 18. CAUSE OF DEATH (Enter only one couse per ling for (o), (b), and (c).) Mun plenter dardio Variables dere PART I DEATH WAS CAUSED BY: ed as a Burial - transit per Health and Mental Hygier II, cremation, or removal DUELO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. CAL EXA. BURIAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (9) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? RWARDED TO THE CHIEF IN PAGE 3 SHOULD BE USED STATE DEPARTMENT OF HE 121201 PRIOR TO BURLAL, 20 AUTOPSY? YES [NO _ 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 214 INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK TO AT WORK 22a I certify that I took charge of the remain described above, held on Autopsy Inspection ond in my opinion PAGE 4 SHOULD BE TO FUNERAL DIRECTOR
AFTER DEATH, WITH THE BALLIMORE, MARYLA deoth resulted from: Homicide Suicide Undetermined monner Noturol couses TITLE (SPECIFY) Deputy SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME AUGUSTO P, Rodriguez, MD ADDRESS 5009 Rayburn Ct., Camp Springs. MD 230 BURIAL, CREMATION REMOVAL THE DATE STATE Burial Washington D.C. 8/20/84 Washington National Cem. BP ADDRESS 4739 Baltimore Avenue a. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Francis Gasch's Sons **DHMH - 17** Hyattsville, Md. 20781112 7 Funeral Home P.A. (VR A15 ME (5)) 20M 4/82

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DHMH - 16 50M 4/83 (VRA 15, 4)

PRINCE GEORGE, S COUNTY 124 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Federal Govt. 13e.STREET ADDRESS / ZIP CODE 2100 Brooks Drive #403 20747 ADDRESS 3210-32nd Avenue Temple Hills, Ma APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Cardiac Arrhythmia 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated PHYSICIAN DIRECTOR PHYSICIAN 20706 Clinton Prince George's MD 24 FUNERAL DIRECTOR 4339 HUNT PLACE, N.E. WASHINGTON, D.C. 20019

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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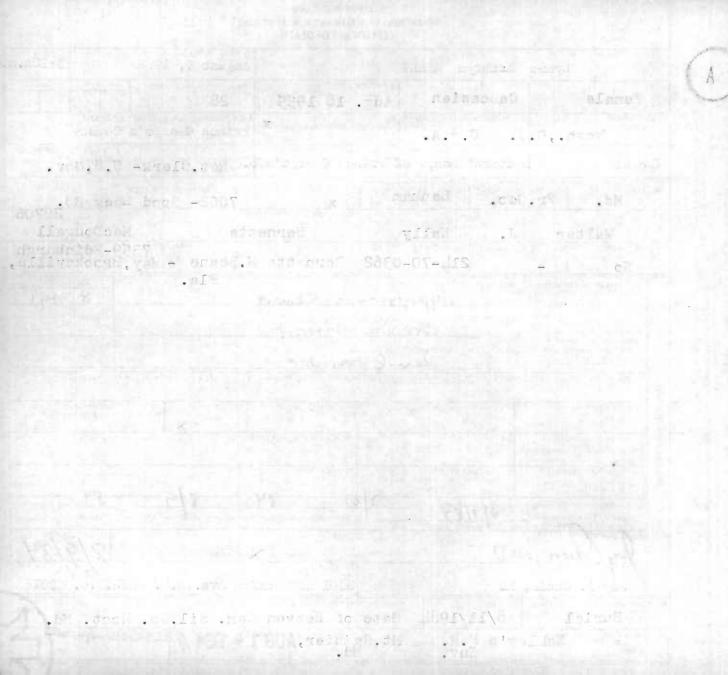
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20. DATE OF DEATH

	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTACHYO ICATE OF DEATH	GIENE REG. NO	2 3 4	1
· GA		CEASED NAME FIRST OR PRINT) Lynne	Kathr	yn NALLY		AST	August 9,		3:28a.m
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AND 212	13a S	AL RESIDENCE IF MURSING HOME OF TATE 136, COU	ROTHER INSTITUTION NTY Geo.	13t. GIY OR TOW	ADMISSION)	13d INSIDE CITY LIMITS? YES NO		ZIP CODE	Rd.
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be execution on ond co. Poges 1		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	214-70-		Bernetta		Way, Broo	
RESTON ST., BALI e death certificate e attending physicia move carbonopperi action, or removal. froumatic event, the		Canditions, if any, which gave rise to immediate	ED BY: TE CAUSE (a)	Hypos DR AS A CONSEQUI	lyce	nic Coma Prost	Fla.		ROXINATE INTERVAL FEN ONSET AND DEATH
low requires that the steen stand the steen signed by the emit. Then please re prior to burral, crer sony injury, or other	CERTIFICATION	cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION	(c)CONDITIONS_C		DEATH BUT	NOT RELATED TO THE TERM	20e AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS USED SES OF DEATH?
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OR ATTENDI e hospital or DIRECTOR: A sched for use Dept of Heal		220 I certify that (I) (this hosp saw the deceased alive a above, (I) (we) (did n	817	7/84 19		nd that in (my) (our) opinion	death accurred on the de		
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TO HOSPITA etained by TO FUNER should be d with the Sto		PHYSICIAN'S NAME (TYPE Jay A. Ocuir	, MD			3301 New Mex		W. Wash.D.C	20016
BP		BURIAL, CREMATION, REMOVA (SPECIFY) Burial		1/1981	Ga te	of Heaven	Cem. Sil.	Sp. Mont.	Md. STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	NAME NAME NAL :	ley's I	H. ADDRESS	Mt.R	ainier, AUG	1 4 1984 5	AN REGISTENSIA	uguero



DEPARTMENT OF HEALTH AND MENTAL HYGIENS 4 2.2045 FOR - STATE CERTIFICATE OF DEATH REGISTRAN Is DATE OF DEATH MONTH 75 HOUR DECEASED NAME LIVE OF FRISH CHARLE A AGE IMPEASS (AST BIRTHDAY) 5. DATE OF BIRTH 4. RACE 1.5EX MONTH TEAR CAUC BALTIMORE CITY OR COUNTY OF DEATH 74 CITIZEN OF WHAT COUNTRY? [8 TE BIRTHPLACE THATS OF FOREIGN MARRIED ANEVER MARRIED COUNTRY 460168 Md. Washing WIDOWED KIND OF BUSINESS OR NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 170 USUAL OCCUPATION D. CITY OR TOWN OF DEATH THE OF WORK FOR MOST OF WORKING LIFELY PRIEST-Roman Catholic 20782 15. MOTHER'S MA 14. FATHER'S LUME EASED EVER IN U.S. les WAS D MED FORC GHE WAR DRIDA GODI WESTERN AVEN WASH ATH Enter only one court per line factor, (b), and (c) ath WAS CAUSED BY: IMMEDIATE CAL DUE TO, OR AS A CONSEQUENCE O THE ROSOLEROTIC DISEASE gove rise 10 immediate couse toll stating the DUE TO, OR AS A CONSEQU underlying couse HE TERMINAL DISEAS 700 AUTOPSY7 704 IF YES, WERE FINDINGS USED INDITION FOR WHICH OPERATION WAS PERFORMED ISE DATE OF OPEN NO IT THE ACCIDENT WAS UNDERLYING [7] 716 TIME OF ID HOUR A MONTH DAY YEA DECOMPRESSION CAUSE OF DEATH IN EVENE - NOT BY MEDICAL EXAMINERS 214 INJURY OCCURRED E OF INJURY STATE AT WORK TO WOT WHILE TO the deceased from The I certify that (7) th opinion death occurred on the date and hour and from the causes stated and that in (my) (a DEGREE THE DIGNATU 13r. NAME OF CEMETERY OR CREMATORY TIL DATE 73e BUILDY, CREMATICA, REMOVAL Silver Gate of Heaven 8-29-84 24 FUNERAL DIRECTOR DHMH - 16 50M 4/82 Ne Lev's F.H. Inc. Mt. Rainier, Md. Carrie Savidson Randalles (VRA 15, 4)



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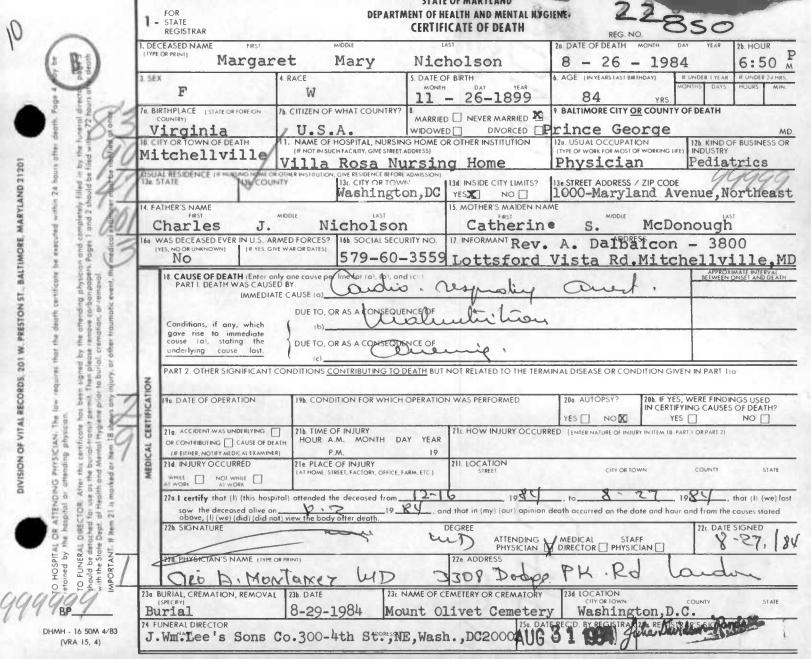
DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

REG. NO.

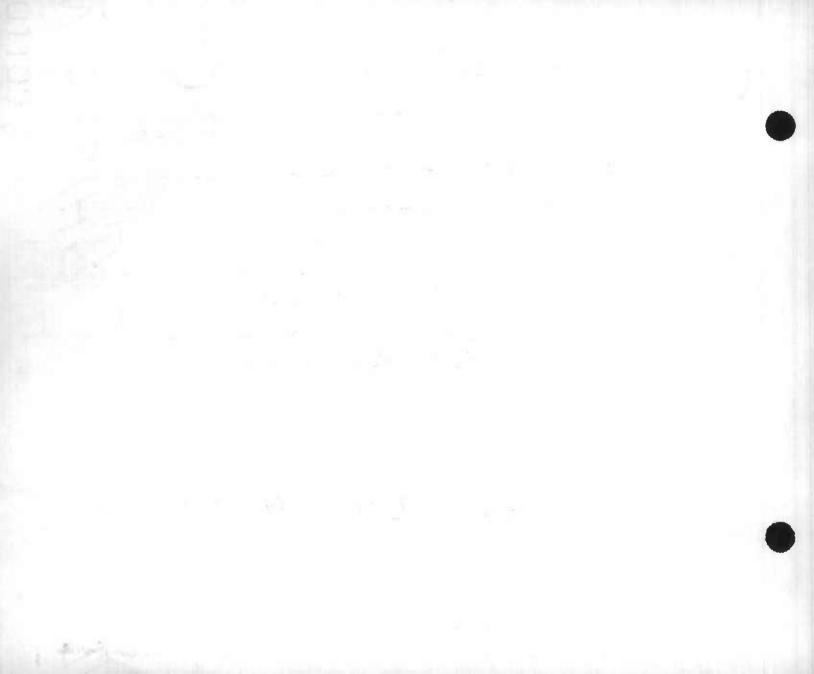
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAUHYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20 DATE KNOWN DAY YEAR (TYPE OR PRINT) OF EST1-E. MORRIS DEATH MATED 8 84 TERESA 10 6. AGE (IN YEARS | IF UNDER 1 YR. 3. SEX 4. RACE DATE OF BIRTH IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) MONTHS PRONOUNCED 19 84 White 19,1926 DEAD Female 58YRS Aug 9. BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) United States Missouri DIVORCED WIDOWED [Prince George's 12a USUAL OCCUPATION (TYPE OF WORK 17% KIND OF BUSINESS OR INDUSTRY 10 CITY OR TOWN OF DEATH IT NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Malcolm Grow USAF Medical Center Housewife Indrews AFB Own Home USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 20747 136 COUNTY 13c CITY OR TOWN T3d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland PG Berkshire YES 6608 Juneau Street 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Ryan Charles Erlenbach 17. INFORMAN ADDRESS 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 165 SOCIAL SECURITY NO LYES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 578-28-2260 Joseph A. Norris Same Noas #13 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY Hemoptysis IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T (Q) chronic obstructive pulmonary disease CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BUR YES [DEPARTMENT BE 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED TIE PLACE OF INJURY (AT HOME 211 LOCATION AT WORK AT WORLE STREET, FACTORY FARM FTC 1 CITY OF TOWN COUNTY STATE TO FUNERAL DIRECTOR: PACAFTER DEATH, WITH THE STATE BALLLIMORE, MARYLAND, 212 22a I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion Homicide Undetermined manner Notural couses SHOULD DATE 8/27/1984 Deputy MEDICAL EXAMINER ADDRESSOO9 Rayburn Ct., Temple Hills, Md. Augusto P. 23r. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL CREMATION REMOVAL THE DATE STATE SPECIFY) Cedar Hill Cemetery Burial 30Aug1984 Suitland Md Robert E. Wilhelmss Funeral Home **DHMH - 17** (VR A15 ME (5)) 20M 4/82

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE". - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 2b. HOUR . DECEASED NAME 2a. DATE OF DEATH WORKMAN 8 84 17 12:30 J Novak Ann 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3. SEX 4 RACE 5. DATE OF BIRTH MONTH DAY YEAR CAUCASTAN FEMALE FFR 1941 BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DIVORCED XX PRINCE GEORGES WIDOWED **PENNICYI VANTA** 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! Riverdale HOUSEWIFE Leland Memorial Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE NO 2903 ALLISON STREET 20712 MARYLAND RAINIER IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE COX WORKMAN **HELEN** GEORGE ADDRESS 4700 27TH 17. INFORMANT AUNT MT. RAINIER. MD. MARY WORKMAN NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate Liver direase DUE TO, OR AS A CONSEQUENCE OF cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00, HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 | certify that (1) (this hospital) attended the deceased from saw the deceased alive on, and that in (my) (our) apinion death occurred on the date and have and from the causes stated above, (1) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS Annapolis Rd. Bladensburg. Md 23a. BURIAL, CREMATION, REMOVAL STATE COUNTY (SPECIFY) 8/21/84 MT. OLIVET CEMETERY WASHINGTON. BURTAL 24 FUNERAL DIRECTOR 250. DATE REC'D BY RE FRANCIS J. COLLINSDORESS DHMH - 16 50M 4/83 was weight doon- non (VRA 15, 4) 500 UNIV. BLVD. W. SILVER SPRING MD. 20901

LANDEN COME AND COME

FOR DEPARTMENT OF HIS

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 2 3 5

		REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.			
		EASED NAME	FIRS1		WIDDLE	L.	AS1	20. DATE O		ONTH D	AY YEAR	26 HOUR
1	AL I A PE	OR PRINT)	Ru	ith A	Ann	NOT	ITSEL			13 1	984	4:25aM
	3. SEX			4 RACE		5. DATE C		6. AGE (IN	YEARS LAST BIRTHE	DAY)	IF UNDER 1 YEAR	1F UNDER 24 HRS
	F	emale		Caucas	sian	June	e 2, 1939 YEAR		45	YRS	ONTHS DAYS	HOURS MIN.
2	7a. BIF	RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMO	ORE CITY OR		OF DEATH	
5	X2	INNAM Penn	8.	U.S.A	<u>,</u>	WIDOWE	NEVER MARRIED DIVORCED	Pri	ince Ge	orge'	s	MD.
9	10. CI	TY OR TOWN OF DEA		11. NAME OF	HOSPITAL, NURSIN		ROTHER INSTITUTION		OCCUPATION			F BUSINESS OR
2	La	anham		Doctor	HEACILITY, GIVE STREET. HOSPit	al of	Pr. Geo. Co.		nemaker		HO1	me
5	13a S	AL RESIDENCE (IF NURS	136. COUN	1TY	13c. CITY OR TOW		13d INSIDE CITY LIMITS?		ADDRESS / Z		100	706
9		ryland	Pr.	Geo.	Lanham		YES NO		Frank	lin A	ve./20	706
1	14 FA	THER'S NAME FIRST		MIDDIE	Podcoro	C+	II i ldegare		MIDDLE		Byrn	
	Ián V	Negley /AS DECEASED EVER	IN U.S. AR		Rodgers,			usband)	ADDRESS	5	DyLin	
				E WAR OR DATES)	170-32-1		William E. I			as 13		
		18 CAUSE OF DEAT	H (Enter on	ly one couse ner	line for (a) (b) on	dici la					APPROXI	MATE INTERVAL
		PART I. DEATH W	AS CAUSE		Salte	186	k					
	- 1		IMMEDIA		Section 1	LUCE OF						- 1
		Conditions, if ony	which	DUE TO, O	R AS A CONSEQUE	61	co osteo são	104167	Dire			
		gave rise to important cause (a), statir	mediate	2015 10 0	R AS A CONSEQUE							
		underlying cause	U .	(0)	R AS A CONSEQUE	INCE OF					12.2	
		PART 2 OTHER SIGI	NIFICANT (ONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEA	SE OR CONDI	TION GIVE	N IN PART 10	0.
	NO O											
Ž	AT	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES,								, WERE FINDIN		
1	CERTIFICATION			d com				YES 🗌	NOX	YES		NO [
1	ä	210. ACCIDENT WAS UN	_	110110 4	FINJURY M. MONTH DA	AV VEAD	21c. HOW INJURY OCCU	RRED (ENTERN	ATURE OF INJURY	IN ITEM IS PA	ARI OR PART 7)	S. HAR
/	A.	OR CONTRIBUTING [AIB .	м.	19						
	MEDICAL	21d INJURY OCCUR	RED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F	ADAM SIC Y	21f LOCATION STREET		CITY OR TOWN	4	COUNTY	STATE
	5	AT WORK NOT WE	PK DRK	(At HOME, 31	REET, FACTORY, OFFICE, F	12	021		110		62.	
	.33	22s. I certify that (1)	(this haspi		e deceased from_	21	1 19	1 , to	8 15		19.5	that (1) (we)-last
	13.	saw the deceas above, (1) (we) (ed alive an	t) view the body	ofter death.	, or	d that in (my) (aur) apinia	n death occurr	ed an the date	and hour	and from the	causes stated
	23	226 SIGNATURE				, 1	DEGREE				22c. DATE	SIGNED
1		to of	tree	- Cler	1 500	hi	ATTENDING PHYSICIAN	DIRECTOR	R PHYSICIA		181	13/84
1		22d. PHYSICIAN'S N.	AME (TYPE C	PRINT)	1		22e ADDRESS	- 1				0 0
		KOBERT	1.	GERE	FIGE		14410	744d	Alle	Hay	offer.	(C11 2)
		SURIAL, CREMATION,	, REMOVAL	236 DATE	23: 1	NAME OF C	EMETERY OR CREMATORY	23d LOC	ATION Y OR TOWN	1	COUNTA	SLATE
		Burial		Aug.	16, 1984	Bell	e Vernon Cem	etery	Westmo	relan	id Co.,	PA

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this centificate has been signed by the ottending physici should be detoched for use os the burial-transit permit. Then please remove corbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If hem 21 is

74 FUNERAL DIRECTOR
NAME
Capitol Funeral Service, Falls Church, VA

AUG 1 6 1984

1984 Julia Davidson-Manage

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STATE OF MARYLAND

Į	FOR	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE 4	0 0
١	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1	I. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1	(TYPE OR PRINT) RUSS	ELL F	0450N	08	13 84 9:00 AV
1	3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
	Male	Caucasian	June 15, 1915	69 YRS	MONTHS DAYS HOURS MIN.
	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIEDXX	BALTIMORE CITY OR COUN	ITY OF DEATH
ſ	Wisconsin	U.S.A.	WIDOWED DIVORCED	PRINCE	GEORRE CMD.
	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR
7	CLINTON	Southern	ma Hospit	A Supervisor	Education
	USUAL RESIDENCE (IF NURSING HOME OF 138 STATE 136 COUL			Adult Educat	ion
	Maryland Prince	George's Upper	Marlbore 🗷 NO 🗆	11404 Maryvale	e_Road_(20772)
7	14 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	AME	LAST
/	Ben Olson		Ella		Unknown
	160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECTIVE WAR OR DATES!	URITY NO. 17 INFORMANT	ADDRESS	
	No N/A	395-10-	4708 Joseph A. Si	ele - Same As #	
	18 CAUSE OF DEATH (Enter of	inly one couse per line for (a), (b), or	nd icii	120001	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (0) ande	o-pulwena	y morest	
		DUE TO, OR AS A MONSEQU	JENICE OF CLIC S	2 11 Anne.	
	Conditions, if ony, which	(16) A (W	y c svc	Sylle rece	~
	gave rise to immediate cause (a), stating the	DUE TO ORATIN CONSEQU	JENICE OF O	Mi a	
	underlying cause last	10 Sept	SI, Merch	01(1)	
		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 100
	<u> </u>				
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	H OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
	ar I			YES NO	YES NO
		LICIUS A M. MONITU D		RRED (ENTER NATURE OF INJURY IN ITEM	JS PART 1 OR PART 2)
	UF EITHER NOTIFY MEDICAL EXAMINE	P.M.	19		
	GRECONTRIBUTING CAUSE OF DE LA SETHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
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		oital) attended the deceased from		1, to 02-1-2	, 19 , that (I) (we) lost
		ot) view the body ofter death.	7,, 616, 616, 617, (667, 671, 671, 671, 671, 671, 671, 671,	death occurred on the date and i	
	226 SIGNATURE	from ! ph	DEGREE ATTENDING	MEDICAL STAFF	S. 12 . KY
_	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	PHYSICIAN 220 ADDRESS	DIRECTOR PHYSICIAN	1 0/01 # 200
	ABULHACE	AN U ANSAM	4 3510	105 FI-Was	かんろ サイク
_	23a BURIAL, CREMATION, REMOVAL	110 9 13	NAME OF CEMETERY OR CREMATORY	123d LOCATION	20147
	(SPECIFY)	August 14, 1984		CITY OR TOWN	COUNTY STATE
	Cremation	August 14, 1904	Lee 5 Crematily	Clinton, Mar	yrand

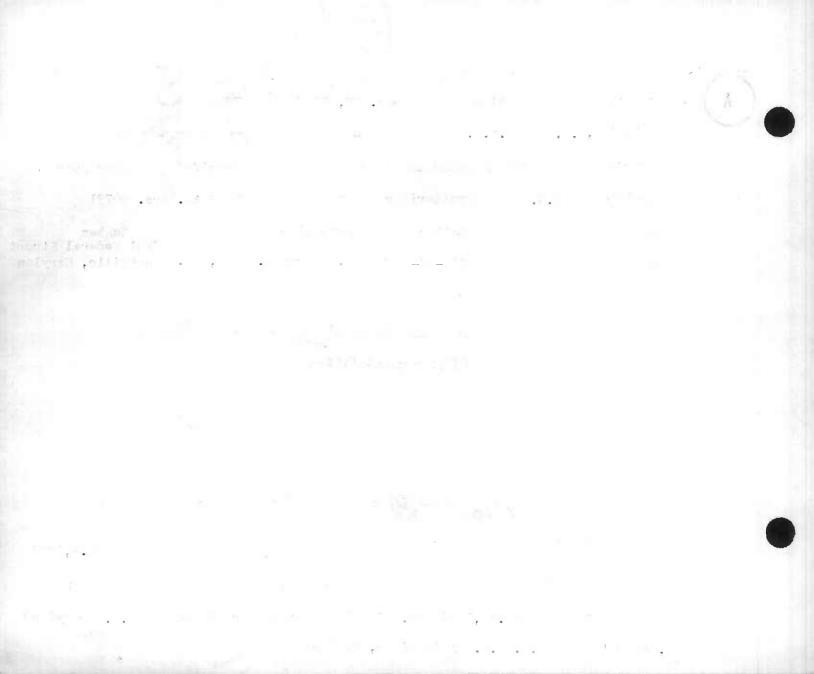
DHMH - 16 50M 4/B3

should be detached for use as MPORTANT: If hem 21 is

Cremation August 14, 1984 Lee's Crematory
4 FUNERAL DIRECTOR Lee Funeral Home, Inc. (VRA 15, 4) 6633 Old Alexander Ferry Road, Clinton, Maryland

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4	1 -	FOR STATE REGISTRAR			DEP	ARTMENT OF H	EALTH AND MENTAL HY		2 2 g. no.	J	5	7
2.04	1. DECEASED NAME FIRST MIDDLE LAST 20 DATE ((1YPE OR PRINT)									DAY	YEAR	2b. HOUR
2	GRACE E. PAGE								08	07	84	3:30р м
111	3. SEX		11	RACE		S. DATE C	DAY YEAR	6. AGE (IN YEARS L	AST BIRTHDAY)	MONTHS	DAYS	HOURS MIN.
	_	Female	-	White			26, 1905	78	YR			
4 11/11	- (RTHPLACE (STATE OR FORE		U.S.A. NARRIED NEVER MARRIED WIDOWED TO DIVORCED TO			9 BALTIMORE CITY OR COUNTY OF DEATH					
3 11 6		shington, D. (PRINCE G	MD. BUSINESS OR			
The lead to	(CHEVERLY		PGG HO	SPITAL	STREET ADDRESS) AND MEI	OICAL CENTER	Housewi:	MOST OF WORKIN	IG (FE) IN	oustry wn H	
ND 215 24 hou filled in solid be	130. 9	AL RESIDENCE (IF NURSING STATE 131 aryland	P.G.	Y	13c. CITY OR	TOWN Sville	13d. INSIDE CITY LIMITS?	13 • STREET ADDR	th. Av	ODE 20	781	12
4 42 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14. FA	ATHER'S NAME		DDIE	LAS		15. MOTHER'S MAIDEN NA	ME				
W 2 10 107		John	MI	DDIE	Balla		Josephine	MID	DIE	Hu	ghes	
# 1 0 7	160 V	VAS DECEASED EVER IN		ED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMANT			-		al Street
W	N		# TES, 617E	TAN OR DATES	213-2	24-3223	Mr. George V	Page,	Jr. R			Maryland
N ST., BAL certificate ing physici rbon paper removal.		18: CAUSE OF DEATH II PART I. DEATH WAS	CAUSED	BY: CAUSE (o)	130	rul 1	Madian	and the same of th			APPROXI BETWEEN C	MATE INTERVAL INSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMOR ING PHYSICIAN. The low requires that the death certificate between the certificate has been signed by the attending physician and as the buriol-stransis permit. Then please remove contaminate the and Mental Hyguene prior to buriol, cremation, or minated orked or, them 18 shows any injury, or other troumatic event it man	NC		the last.	(b) DUE TO, OF	AS A CONS	SEQUENCE OF	Mulal - a NOT RELATED TO THE TERM	AINAL DISEASE OR			PART No	-
TAL RECOR	CERTIFICATION	19a DATE OF OPERATIO	N	196 CONDI	TION FOR W	HICH OPERATION	N WAS PERFORMED	200 AUTOPSY	IN CE	YES, WER RTIFYING YES		GS USED OF DEATH?
SION OF VITA PHYSICIAN: Th ending physicia this certificate if the burial-transit ad Mental Hygie doc flem 18 she		218. ACCIDENT WAS UNDERL OR CONTRIBUTING CAU INFEITHER, NOTIFY MEDICAL	SE OF DEATH	216. TIME OF HOUR A./	M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE (DE INJURY IN ITEM	18 PART I OR	PART 2)	
DING PHYS or offendin After this cas the building Medical Medical	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		21e PLACE (FFICE, FARM ETC)	211 LOCATION STREET	CITY	ORTOWN	CC	YIMU	STATE
TEND or use or use of Heology 15 mg		220 I certify that (I) (the saw the deceased above, (I) (we) (did	olive on _	7/20	3	0.71	d that in (my) (our) opinion	death occurred on	the date and	hour and I		
0 = 0 0 0 =		226. SIGNATURE	N				ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN []		Aug.	8,1984
TO HOSPITAL retoined by the TO FUNERAL should be deti- with the Store MAPORTANT:		1. S	JRY	PRINT)			64.92	LAN	DOVE	RR	00	d
		BURIAL, CREMATION, RE	MOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION	WN _	COUN		STATE
BP	24.51	Burial JNERAL DIRECTOR		Aug.10	,1984	Ft. Lin	coln Cemeter			P.G		aryland
DHMH - 16 50M 4/83 (VRA 15, 4)		Gasch's So	ns F.	H. P.A	. Hyat	tsville,		TE REC'D. BY REGIS	lia David	SOL THE	n Table	INE



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Joseph Douglas Parm	
Joseph Douglas Parm OF ESTI- DEATH MATED 8/12 19 84 A	HOUR
3 SEX 4. RACE 5. DATE OF BIRTH DAY YEAR LAST BIRTHDAY) FRONOUNCED DEAD 76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Tenn 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IE NOTI SUCH FACHITY, GIVE STREET ADDRESS) Seat Pleasant 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IE NOTI SUCH FACHITY, GIVE STREET ADDRESS) 12. Seat Pleasant 13. SEX 4. RACE 5. DATE MONTH DAY YEAR LAST BIRTHDAY HOURS MIN. PRONOUNCED BALTIMORE CITY OR COUNTRY OF DEATH WIDOWED DIVORCED 12. USUAL OCCUPATION (TYPE OF WORK IEN ON INDUSTRY) RETITED USUAL RESIDENCE (IE IN NURSING HOME OR OTHER INSTITUTION), GIVE RESIDENCE BEFORE ADMISSION)	486
Male Black Jan 2,1908 76 yrs. Male Black Jan 2,1908 76 yrs. Months Days Hours Min. PRONOUNCED BEAD 8/12 19 84 19	• M
Male Black Jan 2,1908 76 yrs. Male Black Jan 2,1908 76 yrs. DEAD 8/12 19 84 A	HOUR :00
76. CITIZEN OF WHAT COUNTRY? WARRIED NEVER MARRIED Prince Georges County WIDOWED DIVORCED TO Prince Georges County 16. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IPPE OF WORK OR INDUSTRY) Seat Pleasant 1312 Gabes Place 1312 Gabes Place 14. CITY OR TOWN OF DEATH WIDOWED PRINCE GEORGES COUNTY Prince Georges County 16. CITY OR TOWN OF DEATH WIDOWED PRINCE OF WORK INCLINES Retired Retired	. OO
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13th COUNTY	
Maryland Prince Georges St. Pleasant YES NO 152 Gabes Flace 2074 William Parm Codelia Bacon William Parm Codelia Bacon William Parm Codelia Bacon 166. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IE YES, GIVE WAR OR DATES) Yes 301-12-5278 C ester Walker-nephew-1312 Gabes 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PARTI DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Acute myocardial disease. Conditions, if ony, which gove rise to immediate (b)	4.2
William Parm Codelia Bacon 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) Yes 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Acute myocardial disease. Conditions, if ony, which gove rise to immediate (b) 15. MOTHER'S MAIDEN NAME ERST MIDDLE 16. MOTHER'S MAIDEN NAME ERST MIDDLE 16. MOTHER'S MAIDEN NAME ERST MIDDLE 18. MOTHER'S MAIDEN NAME ERST ERST COdelia Bacon 17. If ORMANT ADDRESS 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Acute myocardial disease. Conditions, if ony, which gove rise to immediate (b)	13
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bying cause last.	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT HOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT HOT RELATED 10 THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 NONe	
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None 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES □ N	
YES NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE	
216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 NONE	
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SIGNATURE SIGNATURE SIGNATURE SIGNED 0/12/04 1919 Seminary Road EXAMMER SNAME [YOUR OR PRINT] John S. Rogers, M.D. ADDRESS Silver Spring, Montgomery, Md.	
ADDRESS Sliver Spring, Montgomery, Ma.	
(SPECIFY) COUNTY STATE	
BPBurial August 16, 1984 Harmony Memorial Park Landover, Md. 24. FUNERAL DIRECTOR August 16, 1984 Harmony Memorial Park Landover, Md.	1
DHIMIT IN THAT I THE TOTAL OF T	
(VR A15 ME (5)) Stewart Funeral-4001 Benning Road, N. AVQ 2 1 150)	

Mt. Rainier. Md.

MIDDLE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

2b. HOUR

HOURS

CUOK

STATE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

FOR - STATE

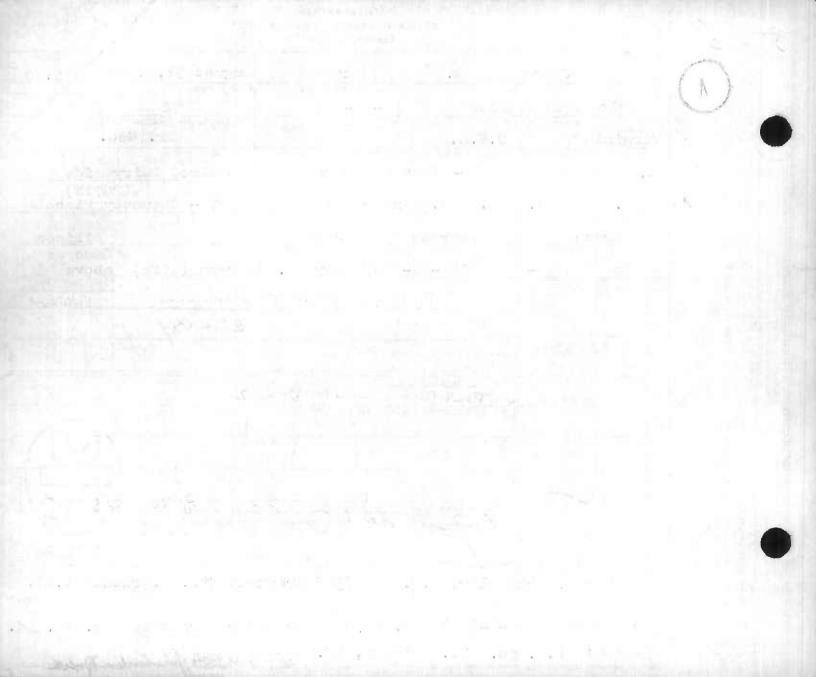
REGISTRAR

24 FUNERAL DIRECTOR

Nalley's F.H. Inc.

DHMH - 16 50M 1/76

(VR A 15 (4))



MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET BALTIMORE, MARYLAND-21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 2o. DATE OF DEATH 2b. HOUR (Type or print) August John Henry Peterbark the funt hours after 3. SEX 4. RACE TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the haspital or attending physician. S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR in by the Pages lost birthdoy) HOURS Male Black Jan. 14.1919 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED country) S.C. U.S.A. Prince George's DIVORCED [WIDOWED [filled 10. CITY OR TOWN OF DEATH 1 L NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR five street oddress) during most of working life, even if retired.) INDUSTRY campletely Seat Pleasant Retired Sheet Metal 13o. USUAL RESIDENCE (Where deceased lived of institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? odmission) STATE 18b. COUNTY Pleasant Md. Seat 6309 Foote St. and Thank 14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First pup Middle Will Peterbark Estelle Thomas the attending physician sit permit. Then please 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no, or ynknown) 578-18-1857 Betty Peterbark-Same as # priar ta burial, cremation, ar remaval, None above APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) GETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CARDIAC ARREST SUDDER IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF WART SE/CAR REN VAS DIS Conditions, if ony, which gove) burial-transit rise to immediate couse (o), signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING SD CAUSES OF DEATH? NO ST YES 🗔 of Health TO FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) detached director, page 3 shauld be detache shauld be filed with the State Dept. (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while of work 22a. I certify that (1) (this hospital) attended the deceased from 19 6 and that in (my) (our) apinian death occurred on the date and haur and from the saw the deceosed alive an____ causes stated above, (1) (we) (did) (did not) view the bady after death. 22c DATE SIGNED ATTENDING PHYS Aug. 8.1984 DIRECTOR 22d PHYSICIAN'S 22e. ADDRESS Frederick Schneider. M. D. NAME (Type) 4223 46th St., N.W., Wash., D.C. 230. BURIAY, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 8-20-84 ARMONY 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15 (4) 45M · 1/69 H.S. Washington & Sons 4925 Buelouans Ave; Mit Daie

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War and a Aust	WEST COME	- 34 France	2 24
		white was about	e nominante de la la

1	1 -	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	Y GIENÉ	2 2 REG. NO.	ું ઇ	0 4	
,B).		CEASED NAME OR PRINT) STE	FIRST LLA MA		T POLSON		AST	2a. DATE OF	AUG		1984	26 HOUR 0251AM
stor, po	3. SE	Female	4. R/	Whi	te	5. DATE C		6. AGE (INY	ARS LAST BIRTHD	YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
nerol dir		RTHPLACE (STATE OR FO			what Country	0 0	NEVER MARRIED		nce Ge			MD.
by the further and the further with the further and the furthe	10	ty or town of deat		MALCO:	LM GROW	USAF M	EDICAL CENTE		CCUPATION FOR MOST OF W EWIFE			BUSINESS OR Home
Pulled in		AL RESIDENCE (IF NURSING TATE Maryland	Charle		GIVE RESIDENCE BEFO 13c. CITY OR TOV Waldor		13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌		ADDRESS Garner	A	re. 20	601
ond 2	14. F/	ATHER'S NAME FIRST Earl	MIDDI	⊪ Wad	LAST Le		15. MOTHER'S MAIDEN N FIRST Cora	B.		ovai		
Poges 1		VAS DECEASED EVER IT	U.S. ARMED		166 SOCIAL SEC 579-38-9		17 INFORMANT Samuel	Polson			Garner Md. 20	601
physicio n papers. moval. vent, the							RDIORESPIRAT		EST			MATE INTERVAL
signed by the att hen please remove ta burial, crematia ijury, ar other trau	NO	Conditions, if ony, gove rise to imm couse (o), storing underlying couse PART 2 OTHER SIGN	the lost.	DUE TO, O	R AS A CONSEQU	JENCE OF	failure and				VEN IN PART 1(0	
permit. T	CERTIFICATION	190 DATE OF OPERATI	ON	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTO	PSY? 2	N CERTI	S, WERE FINDIN FYING CAUSES (ES	GS USED OF DEATH?
entificate ral-transit ntol Hyguen 18 sh		210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEATH		OF INJURY .M. MONTH [.M.	DAY YEAR	21c. HOW INJURY OCC	JRRED (ENTER NA	TURE OF INJURY I	N ITEM 18	PART 1 OR PART 2)	
rked or h	MEDICAL	21d. INJURY OCCURRE		21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE	FARM, ETC)	211 LOCATION STREET		CITY OR TOWN		COUNTY	STATE
TOR: Affor use of Health	P	220.1 certify that (I) (sow the deceased above, (I) (we) (di	this hospital) diolive an d) (did not) vis	ottended to	he deceased from	14 tu	to that in (my) (our) opinion	on death accurre	d on the date	and ha		that (I) (we) lost couses stated
VAL DIREC detoched ote Dept VI: If Item		226. SIGNATURE	w .	9 ggu	1		M ATTENDING PHYSICIAN	MEDICAL	STAFF	N	15 A	
TO FUNERAL should be detained by with the State IMPORTANT:		RUSSELL			CAPT, US	AF, MC	22e ADDRESS					0
		BURIAL, CREMATION, R	al A	3b. DATE	,1984 Ge	orge V	EMETERY OR CREMATOR	CITY	OR TOWN	Wasl	county	D.C.
16 50M 4/82 A 15, 4)	24 F	UNERAL DIRECTOR CO	olumbia	Mort	uary Ser	vices.	D.C. 2004	AJE REC'D BY	EGISTRAR 251	REG1S	TRAR'S SIGNATI	

a a a second and re-STE Catridge Ave. The year of the same of the same Town it it along the sealer force SEE Marcard Ave. Machineton, D.C. 20033

	STA	TE OF M	ARY	LAND	4 1
EPARTME	NT OF	HEALTH	AND	MENTAL	HYGIENE
1	CFRT	IFIC ATI	OF	DEATH	

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251		1-	FOR STATE REGISTRAR	DEPA		TEALTH AND MENTAL HYG	REG. NO.		
			CEASED NAME FIRST	MIDDLE		LAST .	20 DATE OF DEATH MON	H DAY YEAR 26 HOU	R
be 3		TYPE	CHARLI	ES Allen	POM	PELL	8	23 84 2:50	Α
poog poog	52	3 SE		4 RACE	5. DATE (6. AGE (IN YEARS LAST BIRTHDAY		
ctor.		Ма	le	Caucasian	Feb	ruary 26, 1917	67	YRS.	MIN.
Pog dire	76	7a. BI	RTHPLACE (STATE OR FOREIGN		THE CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR CO		_
oth.	20		larvland	U.S.A.	WIDOW	DIVORCED DIVORCED	PRINCE GEORGE	'S COUNTY	MD
b Pitt	11		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME		120 USUAL OCCUPATION	12b. KIND OF BUSINE	
s often	36	(LINTON	SOUTHERN MARY I		SPITAL CENTER	Mechanic	Automotiv	P
nour pe f		USU	AL RESIDENCE (# NURSING HOME OF	R OTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION)		13e STREET ADDRESS / ZIF		
24 i					Washin	13d. INSIDE CITY LIMITS?		Drive (20744)	
tely 2 sh	11		THER'S NAME	MIDOLE LAST		15 MOTHER'S MAIDEN NA			
buo buo	10	Ro	bert L. Pompeli			Bessie	Wilkerson	tast	
5 8- 3	7	16a V	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166. SOCIAL SI	ECURITY NO.	17 INFORMANT	ADDRESS		
be executed on and or the pages	/		es (IF YES GO	I 217-10	-2847	Elizabeth Po	ompell - Same	As #13 A-E	
hysicie sopera			IN CAUSE OF DEATH (Enter or	nly one cause per line for (a), (b),	and (c).)			APPROXIMATE INTER BETWEEN ONSET AND	VAL DEATH
refic a phy on po emo			PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (a)		UNG CANCE	ER	6 14	OUZAS
h ce ding or r				DUE TO, OR AS A CONSE	QUENCE OF				
deo1			Canditions, if any, which	(b)					
the the emo			gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	QUENCE OF				
thot by pose of, cr	or oth		underlying cause last.	(c)					
gnes Ten ple		NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	N GIVEN IN PART To	
4 9 4 4 6	2	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATIC	N WAS PERFORMED	200 AUTOPSY? 200	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATI YES NO	H?
A party and a part	1	CER	210. ACCIDENT WAS UNDERLYING		D.V. MEAD	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN I	EM 18 PART I OR PART 2)	
54 1177	7		OR CONTRIBUTING CAUSE OF DE	AIR	DAY YEAR	ROLL STOR			
direct di		MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY		211. LOCATION	CITY OR TOWN	COUNTY S1	TATE
01 110		¥	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFI	CE, FARM, ETC.)	STREET	CITTORTOWN	COOMIT	IAIE
A A STATE		16		sital) attended the deceased fro	m Fe	19 84	10 Au 2	3 1984 , that (1) (w	ve) last
ST S			saw the deceased alive ar	Aug 22		nd that in (my) (aur) apinion	death accurred on the date a	nd hour and from the couses sta	ited
A Mark	- 1	7	22b. SIGNAPORE	at) view the bady after death.		DEGREE		22c. DATE SIGNED	
TAL O y the CAL O denot ure D	1		Harver	O Loter	N		MEDICAL STAFF DIRECTOR PHYSICIAN	0 8/23/8	44
d ba	1		ZZd. PHYSICIAN'S NAME TYPE	OR PRINTI		The ADDRESS	10/11	11.11/11/	
H OT H Should be			MARIEY +	KUTSON, M	1.0-	6025 Belov	est led 14-161	tsuille 124	
		1	URIAL, CREMATION, REMOVAL			CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY ST	ATE
BP			rial				E REC'D. BY REGISTRAR 256.	lphi, Maryland	
DHMH - 16 50M 4/8 (VRA 15, 4) 6		01	d Meyander For	Funeral Home, I rry Road, Clint	nc.		1 1	Mundam Randett	. ;
(AUV 12' 4) O	000	01	a weverider ter	LLY ROAG, CITIT	on, Mai	LYLANU MIN	TO FI TUXAL		7

ARRIVE TO BOOK

	1	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO).		
		ASED NAME	FIRST		MIDDLE	l.	ASI	2a. DATE OF DEATH	MONTH DAY YEA	2b HOUR	
34	[TYPE O	V	iola		E.	P	oore	August 11,	1984	8:35	
	3. SEX			4. RACE		S. DATE C		6. AGE (IN YEARS LAST SITT		YEAR IF UNDER 24 HE	
	F	emale	53.0	White			h 28, 1915	69	YRS.	11.00%	
10	7a BIRT	HPLACE (STATE OR FO	DREIGN	76. CITIZEN OF	WHAT COUNTRY?	RY? 8 MARRIED NEVER MARRIED		9 BALTIMORE CITY OR COUNTY OF		H	
7/	Was	shington, D	.C.	U.S.A.		WIDOWE		Prince Geor	ge's Coun	ty	
71	IO CITY	OR TOWN OF DEAT	гн		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATION		D OF BUSINESS	
4	Ch	everly			Prince George's		ral Hospital			Own Home	
4	USUAL 130. ST.	RESIDENCE (IF NURSIN	G HOME OR		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE		
9	Man	ryland	P.G.		Bladensb		YES NO	5218 Tilde	en Road 20	710	
11	4 FATI	HER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA	WE		IAST	
1	Ar	chibald			Fowler		Elizabeth			rter	
1		S DECEASED EVER I		MED FORCES?	166 SOCIAL SECU		17. INFORMANT		ss Rt.#1, B		
/ 1	No				577-05-3	249D	Mr. Thomas W	. Poore Hugh	nesville,	Maryland	
	1	CAUSE OF DEATH	(Enter onl	ly one couse per	ling 10 (01, (b) on	d (c)	9	10	APP NET/W	EEN CRISET AND DEAD	
atic ever	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Pulmonary Emboles										
		DUE TO, OR ADVICONSEQUENCE OF									
		Conditions, if any, which									
		gove rise to imme couse (a), stating	the	DUE TO, O	RASA DEQU	NA	1 .				
	3	underlying couse	lost.	10_	pern	7	rastine	POPE TO SE	1000		
		PART 2 OTHER SIGN	IFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COND	ITION GIVEN IN PAR	T lin	
	NOT										
21	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING			1%. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
4	E						Tat. How himse or one	YES NO	YES 🗌	№ □	
1		In. ACCIDENT WAS UNDE		1 HOUR A.		AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	TIN ITEM 18 PART I OR PART	1 2)	
	CA	(IF EITHER, NOTIFY MEDIC				19					
	MEDICAL	WHILE NOT WHILE		21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, I	ARM ETC)	211 LOCATION STREET	CITY OR TOV	VN COUNTY	Y STATE	
m 21 is marke	4	I WORK AT WORK				1		c for	py		
	22a.l certify that (I) (the haspital) attended the deceased from 19 , to 19								19	, that (I) () l	
	saw the deceased alive an 19 4 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (a) (did not) view the body after death.										
169	1	76 SIGNATURE	140	· Ren	u any	1111	DEGREE ATTENDING	MEDICAL STAF		ATE SIGNED	
10	-	Da	7		7	700	FHISICIAN	INECTOR PHYSIC	IAN O	11/1/	
	1	24 PHYSICIAN'S NA	1				22e ADDRESS	m Dand Gham	l. Manus	2 2	
		Barry Ros					6501 Landove		erry, mary	ianu	
		RIAL, CREMATION, R	REMOVAL				EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY	STATE	
		Burial		Aug.14	,1984 Ce	dar H	ill Cemetery	Suitland	P.G.	Marylan	

FOR

DHMH - 16 50M 4/B3

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTACHYGIENE

24 FUNERAL DIRECTOR F. Gasch's Sons F.H. P.A. Hyattsville, Maryland

26 HOUR 8:35 M

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN CONSET AND DEATH

STATE

that (I) (-) last

Maryland

IF UNDER 24 HRS

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Charles a short was heart in

Pursy Secreberg, M.M. W. 1990 Condever Venderberg, Assissed

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injury, or other troumatic event, the

and campletely filled in by

Page 4 may be

executed within 24 hours ofter

requires that the death certificate be

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL WYGIENE
CENTIFICATE OF DEATH

ı	1-	REGISTRAR			CERTIF	ICATE OF DEATH	REG.	NO.		
		CEASED NAME FIRST OR PRINT) EDMUND		SEPH	PC	PRECA.	20. DATE OF DEATH	-	DAY YEAR 9 84	4 10 P.M.
	3. SEX	Male	4. RACE Whi	te	S. DATE C		6 AGE (IN YEARS LAST	BIRTHDAY) YRS.	FUNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
0	Pe	RTHPLACE (STATE OR FOREIGN OUNTRY)	u.S.	WHAT COUNTRY?	MARRIEI WIDOWE	D'NORCED	Prince	George		MD.
	10. CI	amp Spring		HOSPITAL, NURSING HEACRITY, GIVE STREET A WESSEX D	(DDRESS)	dr other institution	126 USUAL OCCUPA (TYPE OF WORK FOR MOS Retired	TOE WORKING I	INDUSTRY	tractor
>	130 S Ma:	ryland Anne	OTHER INSTITUTION. UTY 'Arundel	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Lothian	N	13d. INSIDE CITY LIMITS? YES 🕇 NO 🗌	Box 156	s / ZIP COD Boones	Estate	0711
	14 FA	THER'S NAME Nicholas	MIDDLE	Porrec	a	15. MOTHER'S MAIDEN NAM Josephi	ne MIDDLE		Alv	in
?		VAS DECEASED EVER IN U.S. AR IES, HUMBUNKNOWN) (IF YES, GI	MED FORCES?	079-01-6	780	Robert L. Po	rreca Rt	Nort	762 Hil	labo29298
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	(b)	R AS A CONSEQUE MET. AS R AS A CONSEQUE	tatic	Liver cares	rema/Liv	nfaib	ne I-	2 mos.
	CATION	PART 2 OTHER SIGNIFICANT	Obstrue	ctive Put	mon	NOT RELATED TO THE TERM ANY DISCORD N WAS PERFORMED	INAL DISEASE OR CO	20b. 1F YE	ES, WERE FIND	INGS USED
1	MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTHY MEDICAL EXAMINE 210. IN JURY OCCURRED WHILE NOTWHILE NATWORK ALWORK ALWORK	21e PLACE	m. Month da m.	19	21c. HOW INJURY OCCURI 21f. LOCATION STREET	YES NO RED (ENTER NATURE OF IN	VJURY IN ITEM 18	YES 📋	STATE
		22a I certify that (I) (this hasp sow the deceased alive or above, (I) (we) rend (did not see that (I))	8 -	7 19 8	-	nd that in (my) (our) opinion DEGREE ATTENDING		TAFF		that (I) (me) lost e couses stated E SIGNED
		Robert J. Sch	lager			22e ADDRESS.	Stoakley F		ince Fr	ederick Mo

should be detoched for use as the buriol-transit permit. Then please remaye carbonpape with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remayal. 230. BURIAL, CREMATION PEMOYAL

23b. DATE

23c NAME OF CEMETERY OR CREMATORY 123 L4 Cedar Hill Crematory y Suitland

P.G. Maryland

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

AUG 1 3 1991 Julia Davidson-Randalle.

2 3

DHMH - 16 50M 4/83 (VRA 15, 4)

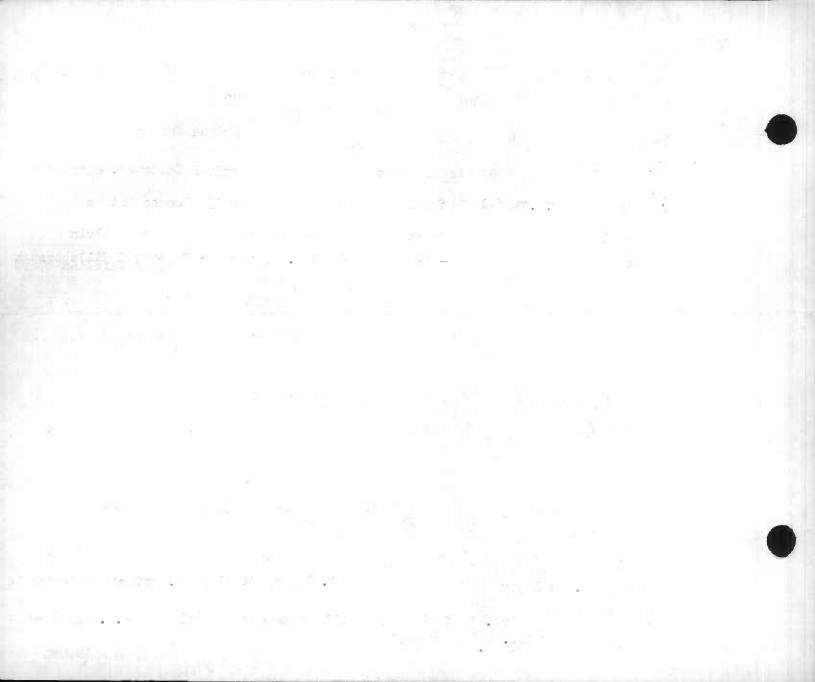
TO FUNERAL DIRECTOR: After this certificate has been

OR ATTENDING

retained by the haspital or HOSPITAL

BP.

MPORTANT: If Item 23 is marked or Item 18 shaws any



STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR		CERTII	ICAIL OI DEATH	REG. NO.		
	DECEASED NAME FIRST	MIDDLE	L	AST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
Ľ	DONA	LOUISE	P00	WELL	08	13 84	5:30A
3.	SEX	4 RACE	S. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
, :	Female	Caucasian	3-2	7-1939	45 YRS.		
	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8.	D NEVER MARRIED	BALTIMORE CITY OR COUNT	Y OF DEATH	
	Washington, D.	C. USA	WIDOWE		TRINCE G	oto Ra	O MD.
/ 10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATION		OF BOSINESS OR
00	LINTON	Southern	We	HOSPITA	Bus Driver	P.G.	
	SUAL RESIDENCE (IF NURSING HOME OR a. STATE 13b. COUN			134. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COD	Œ	
21	Maryland P.G	Accokee	k	YES NO X	P.O. Box 107	2	0607
14.	FATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	ME MIDDLE	LAS	ST
	Leonard F.	Donaldson,		Gladys	R.		sey
160	WAS DECEASED EVER IN U.S. AR	VE WAR OR DATES)		17 INFORMANT (Sis	ter) 16831 H	olly W	av
	No	579-50-	9323	Daisy Rich	ardson, Accok	eek. M	d. 2060
	18 CAUSE OF DEATH (Enter on	nly one cause per line for (a), (b), an	nd ici.iT/	VUASIUE+ DEST	PUCTIVE CAM	APPROX BETWEEN	ONSET AND DEATH
	PART I. DEATH WAS CAUSE	TE CAUSE (a) OF ALCH		NOSE + FAC			
		DUE TO, OR AS A CONSEQU	ENCE OF			JEVER.	
	Canditions, if any, which	(b) CANCE	RO	F NOSE +	EACE	YEAR	s from
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF			DIAG	MOSTS OF
1	underlying cause last.	(c)	W. L. W.			CAN	CER
1,		CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	IVEN IN PART 1	la,
					Tan auxonomia lan is w	SC WESS SINIS	
7	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		ES, WERE FINDI TIFYING CAUSES	S OF DEATH?
						YES 🗌	NO D
	OR CONTRIBUTION CALLER OF DE	216. TIME OF INJURY HOUR A.M. MONTH /D.	AY YEAR	ZIE HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM TO	PART I OR PART 2)	
1	(IF EITHER, NOTIFY MEDICAL EXAMINER	R) P.M.	19	10/10			
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE	AT HOME, STREET, FAGTORY, OFFICE,	FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
1	AT WORK AT WORK	NIA	\$7	10/14	5/12	911	
	220 I certify that (I) (this haspi	italighteholet the deceded from	34	10	deoth occurred on the date and ha		that (I) we lost
	above, (1) (we) (did) (did no	ot view the body after death.			Jeon occurred on the date and no		
	276 SIGMATURE			DEGREE ATTENDING	MEDICAL STAFF	220 DAJE	2/804
4	THOMPSICIAN'S NAME INTO	uxeiso-	_	PHYSICIAN 2	DIRECTOR PHYSICIAN	18/1	1 8 1
1	J-BROOKS	ATTERSON		6188 DY	ON HILL	- RA	
23	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
	Burial	8-16-1984 Tr	nini+	v Mem. Gdns	Waldorf. Ch	arles.	Md.
24	FUNERAL DIRECTOR			250 / DAI	EREC'D BY REGISTRAR 750 REGIS		
]	Huntt Funeral	Home, Waldorf	, Ma	ryland Mul	it 1904 grelie &	Lavidson-A	andelle

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR.

MPORTANT: If hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the should be detoched for use os the buriol-transit permit. Then please remove corbandope with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal.

Capessian 3-27-1938 Washington, D.C. Wan County Street at 15% Hotel - Bus Driver B.G. County K P.O. Box 167 Zenov Maryiand P. . Accokesk Leonard F. Donaldson, Sr. Cladys rard P. Donaldwon, Sr. Cladys C. Rampey
(Sister) 16831 Holly Mar -----579-50-9323 Daisy Wichardson, According Mil 20807 Survey - 8-16-19 gm Tribity Mem. Edna. Waldord, Charles, Md. Nuntt Funeral No. 9, Walders, Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE KNOWN MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-8 23 19 84 JIMMY PROCTOR 6. AGE (IN YEARS 24 HOUR 8:20 4. RACE . DATE OF BIRTH IF UNDER 24 HRS. DATE LAST BIRTHDAY) PRONOUNCED 1984 DEAD 1-3-80 Male Black D. M Th. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland
10 CITY OF TOWN OF DEATH WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK Southern Maryland Hospital Center Student School Clinton USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) AL-TRANSIT PERMIT. PAGES I AND 2 SHOULD I MENTAL HYGIENE, DIVISION OE VITAL RECORD N, OR REMOVAL. 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Box 184 Aquasco Rd YES DO NO [MD Aquasco 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME Proctor Proctor Marie Charles 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. IT. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) LIF YES, GIVE WAR OR DATEST Marie Proctor SAA No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Multiple injuries IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ... ED AS A E CERTIFICATION 190. DATE OF OPERATION BE USED IN 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULD BE US DEPARTMENT OF 11 PRIOR TO BURIA 8/23/1984 multiple injuries YES NO TA 216 TIME OF INJURY 210 EXTERNAL CAUSE WAS 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR TO MONTH DAY UNDERLYING OR MEDICAL 1:09 PM 8 23 10 84 subject struck by car backing up CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) 20700 Aquasco Rd., Aquasco, Pr. George's . Md. PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BALTIMORE, MARYLAND, 21201 ond in my opinion 220 I certify that I took charge of the remains described above, held on Autopsy Inspection Accident Undetermined manner Natural causes TITLE (SPECIFY) 8/24/1984 Deputy MEDICAL EXAMINER ADDRES 5009 Rayburn Ct., Camp Springs, Md. Augusto P. Rodriguez, M.D. 73¢ NAME OF CEMETERY OR CREMATORY Md Pomfret 8-28-84 St. Joseph's Charles Burial BP 24 FUNERAL DIRECTOR REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 ADAMS F.H.PA AQUASCO MARYLAND 20608 (VR A15 ME (5)) 20M 4/B2

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George P. Kalas Funeral Home Oxon Hill, Md.

DHMH - 16 50M 4/B3

(VRA 15, 4)

ADDRESS 6160 Oxon Hill

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2b HOUR

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LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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COUNTY

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(16) ex on 2131 / 6.

George P. Kalas humeral Home (Non Hill, Mr.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BY GIENE

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		PART I. DEATH W	VASCAUSED		Ke	Sni'l	ralle	ru a	vies					
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		underlying cause	e last	(c)_	Ivon	tod	glan	r lyny.	wing	Xlas	CIV			
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7	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR W	VHICH OP	ERATIO	WAS PERFORM	ED	200 AUTOPSY?		WERE FINDI		
	RTIF									YES NO			NO 🗌	
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1		226 SIGNATUR	De	wo	2	N	12	DEGREE ATT		MEDICAL ST.	AFF ICIAN []	S.	37.8	4-
		22d PHYSICIAN'S N	I N,	BER	WA		~ ,	22e ADDRESS	10658,	, Campus	LARG	O M	220	772
	- 1	URIAL, CREMATION,	, REMOVAL	23b. DATE		23c. NA	ME OF C	EMETERY OR CRE	MATORY	23d. LOCATION		COUNTY	51	ATE
	Bu	rial		29Aug	1984	Res	suri	ection	Ceme		inton	PC		MD

DHMH - 16 50M 4/83 (VRA 15, 4)

FUNERAL DIRECTOR.

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physic should be detoched for use as the burial-transit permit. Then please remave carbon pape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remaval

IMPORTANT: If Hem 21 is marked ar Hem 18

injury, ar ather traumatic event,

74 FUNERAL DIRECTOR TE. Wilhelm Funeral Home

29Aug1984

ADDRESS Suitland, Md 550 5

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME a DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-PRESS QUARLES 13 8 19 84 6 AGE (IN YEARS 4 RACE 3. SEX 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 1984 Male Black. 1896 87 YP DEAD 11 15 WITHIN 7a BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED 5 FOR FOREIGN COUNTRY) AND 3 TO THE PORTER OF THE PORTER OF THE PAGE 5 FOR USA DIVORCED MCCORMICK S.C. 174 USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) Forestville RETTRED LABOR CONSTRUCTION USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13b COUNTY 13r. CITY OR TOWN 2112 ROSLYN AVE., FORESTVILLE MI YES X MD PG FORESTVILLE VITAL J 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST OF VIT UNKNOWN SAVANNAH **OUARLES** JOHN 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? PERMIT. PAGES 1 GIENE, DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR GATES) 249-66-7408 Dl BEARD SAVANNAH DAUGHTER SAME APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., - TRANSIT PERMIT ENTAL HYGIENE, I OR REMOVAL PART I DEATH WAS CAUSED BY Arteriosclerotic cerebro-cardiovascular disease IMMEDIATE CAUSE (o X CONTROLL OF THE CONTROL OF Canditions, if any, which with aspiration gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a. Diabetes mellitus CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, YES [NO X E3 SHOULD BE DEPARTMENT 216 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) 2 HOUR A.M. MONTH DAY OR UNDERLYING MEDICAL PRIOR CONTRIBUTING CAUSE OF DEATH P.M 210 PLACE OF INJURY (AT HOME, 211. LOCATION 21d INJURY OCCURRED NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK TO FUNERAL DIRECTOR: 27a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion Undetermined manner Accident Hamicide death resulted fram Natural causes TITLE (SPECIFY) 8/13/1984 ACTUAL Deputy SIGNATUR MEDICAL EXAMINER EXAMINER'S NAME Lugusto P. Rodriguez, M.D. ADDR\$009 Rayburn Ct., Temple Hills, Md. 230 BURIAL CREMATION REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION BURIAL LINCOLN CEMETARY SUITLAND, MARYLAND 8-18-84 24. FUNERAL DIRECTOR **DHMH - 17** VANN & WILLIAMS 4800 GA. AVE., N.W. (VR A15 ME (5))

20M 4/82

STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME O DATE KNOWN 2b. HOUR (TYPE OR PRINT) DEATH MATED DeAnne DeLacy Rallis 1984 4 RACE 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. SEX 5. DATE OF BIRTH DATE LAST BIRTHDAY) PRONOUNCED DEAD 1884 White Female Dec. 20, 1936 A BIRTHPLACE Th. CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Wash. D.C. US Prince Georges County WIDOWED [DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS SHOULD BE FILED. Bowie Health Center Bowie Executive Secretary SC/RA WITH FORM PM 3. RETAIN FIT PAGES 1 AND 2 SHOULD BE DIVISION OF VITAL RECORDS USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134 INSIDE CITY LIMITS? 13e. STREET ADDRESS Prince Georges 2609 Kenhill Drive Maryland Bowie YES TO 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIODIE MIDDLE LAST FIRST LAST Unknown Norma Rouzee IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS IAL SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) 578-46-2225 Nicholas C. Rallis same as 13e APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST USED AS A BURIAL - IRANDIN OF HEALTH AND MENTAL HYGIENE, PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Acute myocardial disease. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION None 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES [] None NO X OR: PAGE 3 SHOULD BE THE STATE DEPARTMENT 71a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED FENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR PRIOR CONTRIBUTING CAUSE OF DEATH None P.M. 21e PLACE OF INJURY (ATHOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGA AFTER DEATH, WITH THE STATE BATTIMORE, MARYLAND, 2120 Inspection X 22a I certify that I took charge of the remains described above, held an Autopsy and in my opinion death resulted from: Hamicide Undetermined manner Notusal couses TITLE (SPECIFY) **ACTUAL** 8/16/84 Deputy SIGNATURE MEDICAL EXAMINER SIGNED 1919 Seminary Road John S. Rogers, M.D. Silver Spring, Montgomery, Md. ADDRESS 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23b DATE Aug 20 1984 National Memorial Park Cem. Falls Church, Virginia BP AUG 2 1 1984 Sina Davidson-Ronde 24 FUNERAL DIRE 16000 Annapolis Road **DHMH** - 17 dia Davidson (VR A15 ME (5) Beall Funeral Home Bowie. Maryland

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STATE OF MARYLAND

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Chambers Funeral Home Riverdale, Maryland

(VRA 15, 4)

STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

- STATE REGISTRAR REG. NO DECEASED NAME FIRST MIDDLE LAST 2a DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINTS 08-15-84 10:37AN BERNARD LEWIS RICE 6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER TYEAR IF LINDER 24 HR 3. SEX 4. RACE 5. DATE OF BIRTH MONTH DAY YEAR Male April 1913 White Ta BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED PRINCE GEORGE'S Washington, D.C. U.S.A. WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR PRINCE GEORGE'S GENERAL HOSPITAL TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY CHEVERLY Dealer Ice & Storage USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 113b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 6702 Stockton La. P.G. Hvattsville 20784 Maryland YES X COa 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE 1.851 MIDDLE Samuel Rice Clara Kellv ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT [YES. NO OR UNKNOWN] (IF YES, GIVE WAR OR DATES) 78-03-4968 Ruby A. Rice (Wife) WWII Same as # Yes APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF FALIURE ONGERT Conditions, if ony, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF FALLURE underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX YES [NO [210. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21f LOCATION 214 INJURY OCCURRED 71e PLACE OF INJURY COUNTY STATE CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE A! WORK 220 | certify that (I) (this hospital) attended the deceased fram sow the deceased alive on and that in (my) (aur) apinion death accurred an the date and haur and fram the causes stated obove, (I) (we) (did) (did nat) 22c DATE SIGNED 226. SIGNATURE DEGREE MEDICAL ATTENDING DIRECTOR | PHYSICIAN PHYSICIAN 774. PHYSICIAN'S NAME (TYPE ORPRINT) 22e. ADDRESS 230 BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION

Cedar Hill Cemetery

DHMH - 16 50M 4/83

FUNERAL DIF

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Burial

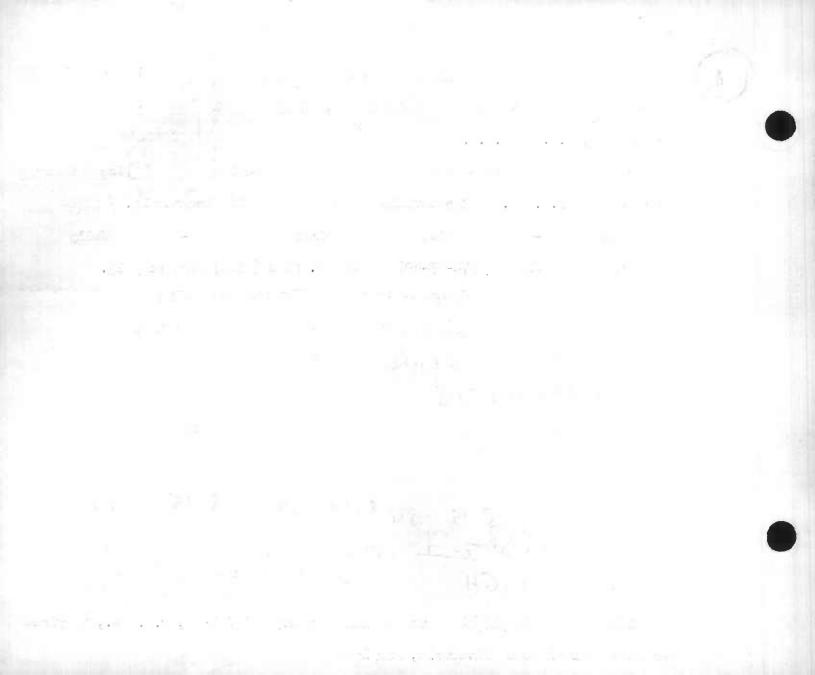
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24 FUNERAL DIRECTOR Riverdale, Maryland (VRA 15, 4) Chambers Funeral Home

Suitland.

P.G. Co., Maryland BY REGISTRARIZSH REGISTRAR'S SIGNATURE



FOR	
STATE	
	FOR STATE

STATE OF MARYLAND

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1	1 -	STATE REGISTRAR		DEPARIM		ICATE OF E		REG. NO	o .		
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	3. SE)		4. RACE		5. DATE		LLODG:	6. AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	
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1	0	RTHPLACE (STATE OR FOREIGN Sh D.C.	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOW	D NEVER	WARRIED T	PRINCE GEO	-	TY OF DEATH	MD
1	CI	TY OR TOWN OF DEATH	SOUTHERN		HOSP			12a USUAL OCCUPATE TYPE OF WORK FOR MOST O Retired		126 KIND (INDUSTRY Fed.	Gov't.
2	13a S	AL RESIDENCE (IF NURSING HOME OF ATATE 136 COU		GIVE RESIDENCE BEFORE 13t CITY OR TOW Accokeel	N	13d INSIDE C	NO 🗌	13. STREET ADDRESS / 15410 Livi	zip coi ngs t	on Rd.	20607
1	I4 FA	THER'S NAME FIRST George	MIDDLE W.	Robey			adeline			Abe	11
	[Y	VAS DECEASED EVER IN U.S. AI TES NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	577-07-		Bessie	E. Ro	bey same as		m 13	
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	(b) DUE TO, O	R AS A CONSEQUE	Si X						
1	N	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110.									
7	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATION WAS PERFORMED			20a AUTOPSY? YES NO	IN CERT	ES, WERE FIND TIFYING CAUSE YES []	
1		210, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	HOUR A.	PEINJURY M. MONTH DA M.	AY YEAR	21c HOW IN	JURY OCCUR	RED (ENTER NATURE OF INJUS	BT MƏTI MI YS	3 PART I OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY OFFICE, F	ARM, ETC)	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
		22a I certify that (I) (the hosp saw the deceased alive or above, (I) (we) (did) (did n			8-	nd that in (my)	19 8 4	death occurred on the do	ote and he	our and from th	
		22b. SIGNATURE Mulliam 22d. PHYSICIAN'S NAME (TYPE	Kent .	Turnt		DE GREE		MEDICAL STAF	F IAN []		2284
		WM. FURST MD	OR PKRNT)					STON RD.101	FT.	WASH.,	MD @)2074

231. NAME OF CEMETERY OR CREMATORY

Cedar Hill Kemetery

DHMH - 16 50M 4/83

MPORTANT: If Item 21 is

(VRA 15, 4)

Burial

23a. BURIAL, CREMATION, REMOVAL

74 FUNERAL DIRECTOR
G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill.

8/25/84

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

23d LOCATION
CITY OR TOWN
Suitland

P.G.

Md.

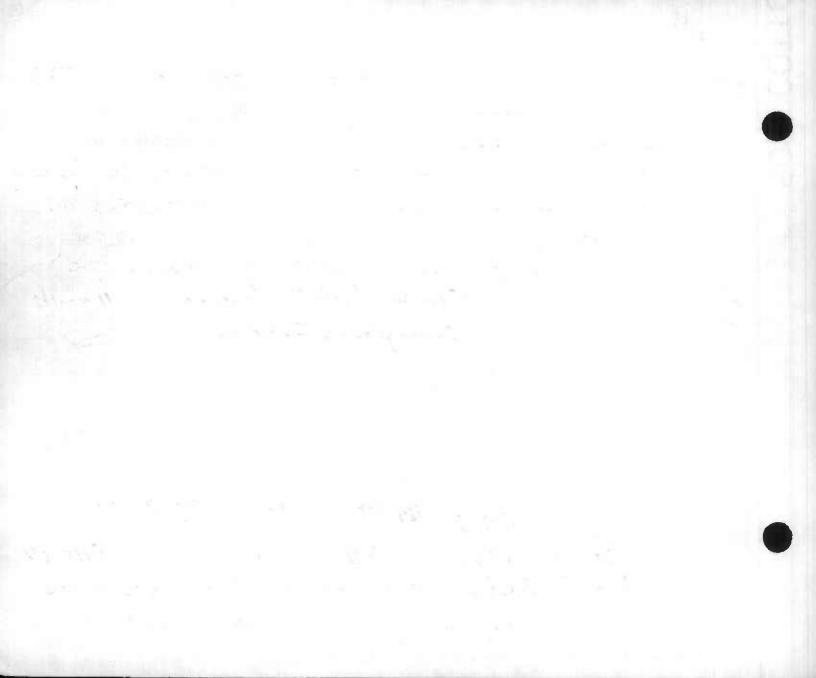
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DIVISION OF VITAL RECORDS,



1. DECEASED NAME 20. DATE OF DEATH MONTH (TYPE OR PRINT) 80 HRTHUR & AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5. DATE OF BIRTH 3 SEX YEAR 1913 au 9 BALTIMORE CITY OR COUNTY OF DEATH (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED GEORGES DIVORCED GIVE RESIDENCE BEFORE ADMISSION) 134 MISIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE PNO aurence 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 3 Temple 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c). PART I. DEATH WAS CAUSED BY CARDIORESPIRMTORY IMMEDIATE CAUSE (o) MYOCARDIAL INFARCTION Conditions, if ony, which gove rise to immediate couse (o), stoting HER ARTERY DISENSE underlying couse lost. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION Painhual annial 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART & OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (I) (this hospital) attended the deceased from sow the deceased office on obove, (1) (wey didy (did not) view the body ofter death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22h SIGNATUR DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS the b 24 FUNERAL DIRECTOR 250. DATE REC'D.

6160 0XDN

- STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

10:55 Am

IF UNDER 24 HRS

84

IF UNDER I YEAR

YES |

COUNTY

22c. DATE SIGNED

MANUEL SELECTION the art of the most act and well await to? I will all Contract Con NO THE STATE OF TH Light wing I have been a long to the line with the E bear of the transfer of the control of the contro Service Color of the service of the

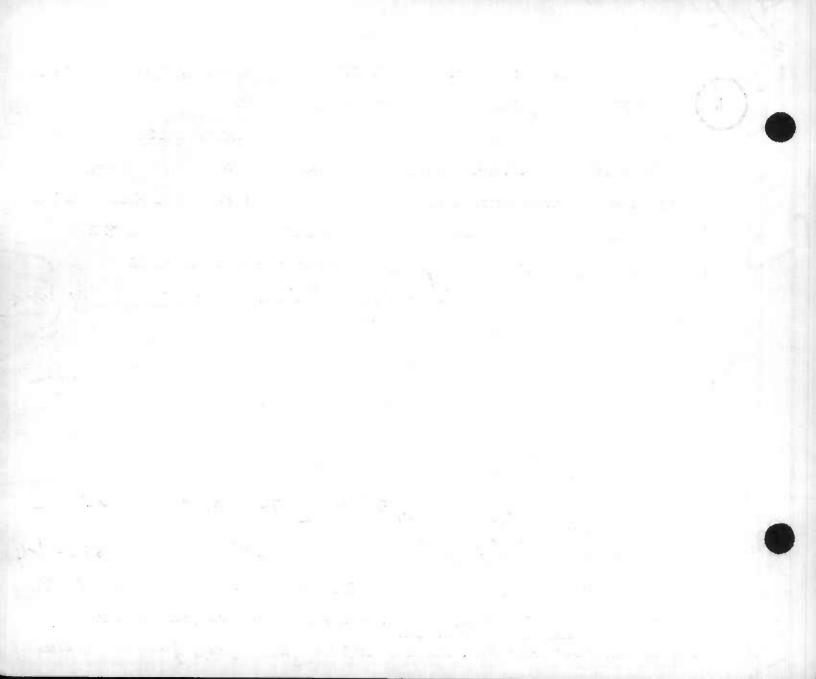
	1			STATE	OF MARYLAND		1 0	3 1
.11	FOR STATE			DEPARTMENT OF HE			, ba V	
TV	REGISTRAR		ME	DICAL EXAMINE	'S CERTIFICATE		REG. NO.	
(-)	1. DECEASED NAA (TYPE OR PRINT)	AE FIRST		MIDDLE	LAST	20. DATE	KNOWN MONI	TH DAY YEAR 26. HOUR
(nB-n)	(TITE ON TRUST)	Alvin	H.	Rosen			MATED D	-6-1984 45M
(설문문) 발	3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS	IF UNDER 1 YR. IF UND	DER 24 HRS. 2c. DATE	MONT	H DAY YEAR 24 HOUR
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STATIST	Ja BIRTHPLACE	STATE OR	76. CITIZEN OF WI	LAT COLUMNIA	·······································	9. BALTIA	MORE CITY OR COU	
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NE SEE FILE	10. CITY OR TOWN			PITAL, NURSING HOME, C		V/6	IPATION (TYPE OF WOR	MD.
A F A E S			(IF NOT IN SUCH PACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE)					OR INDUSTRY
m an or	CHEV		PRI	ICE GEOR 6. ME RESIDENCE BEFORE ADMISSIONI	ES HOSP	CHEM	IIST	FED. GOVT
201 ANY DE RETAIN JOULD 8	IL. STATE	13b. COUN	ITY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS	13e. STREET ADDR		00115
2120 F AN S AND SHOUL	Md.	P.(G.C.	BOWIE	YES X THO	□ 13205	OVERBE	ROOK LA.2071
O I V NE	14. FATHER'S NAM	4E	WIDDLE	LAST	IS. MOTHER'S MA	IDEN NAME	MIDDLE	LAST
. b will Z	CHAR	LES		ROSEN	M	AR THA		MENDEL
		ED EVER IN U.S. AR	MED FORCES?	166. SOCIAL SECURITY N			ADDRESS	
BALTIMO URS AFTER 8. GIVE PA WITH FOR DIVISION	NO	(1/ 163, 61/6	WAR OR DATES	014-22-770	2 CAROL	A ROSEN	SAME	AS ITEM #13
DURS 18. G WIII. PAY	18. CAUSE	OF DEATH (Enter an	ly one cause per line	far (a). (b), and (c).)	4	0	UZZZZZ	APPROXIMATE INTERVAL
NE. NE.	PARTIC	DEATH WAS CAUSE	D 8Y: TE CAUSE (a)	Tions	lis (1	10 lavis 1	1	BETWEEN ONSET AND DEATH
PRESTON ST VITHIN 24 HG CIL IN ITEM I NER ALONG NER ALONG ANNET PERMI ACVAL.	7 80	219		AS A CONSEQUENCE OF		1		
THIN IN I		ans, if any, which				0		
MIN WENT		rise to immediate a) stating the under-		AS A CONSEQUENCE OF				
301 W. PREST CUTED WITHIN IN PENCIL IN EXAMINER A FRALITENSIT D MENTAL HYON COR REMOVAL	lying co	iuse last.	(4)					
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NO NE PER O		G OR	HOUR A.M	MONTH DAY YEAR	under a	uto we	En Ruea	berund
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DIVISION S CERTIFIC RITING TH RDED TO		NOT WHILE	STREET, FAC	JORY, FARM, ETC.)	STREET	1) CITY OFFICE	Quwo	COUNTY STATE
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A PARIS	22a. I cer	tify that I taak charg	e of the remains des	cribed above, held an	Autapsy , Inspec	tian . Inquiry	L and in my	apinion
N H H H H H H H H H H H H H H H H H H H	death resu	Ited fram: Notu	ral causes .	Accident 2. Suicid	e 🔲 Hamicide 🗌	Undetermined m	anner .	
EXAL CERT DILD DIRE WIT		00 1	2 01	21.100	TITLE (SPECIFY)	1		1
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EDICAL TE THE NERAL DEATA	EXAMINER'	S NAME.	-	1.25	,	b M		1000
₹ 5%₽%₹%	(TYPE OR PR		ARD V	VHELTON	ADDRESS 7100	Dally	norelle	e Cottes but
PAG PAG BAL	230. BURIAL, CREM.	ATION, REMOVAL	3b. DATE	23c. NAME OF CEMEN	ERY OR CREMATORY	23d. LOCATION	C	OUNTY STATE
BP			8-7-1984	CHAMBE	RS CREMAT	FORY RIV	ERDALE	P.G.C. Md.
DHMH - 17	24 FUNERAL DIRE	CTOR	ADDRESS		2Sa. DA	1 3 1984	AR 256 REGISTRAR	5 SIGNATURE
fVR A15 ME (5)) 15M 7/76	W. W.	CHAMB:	ERS CO.	INC SILVER	SPR. MG	19 204	relia Davidson	-Nanavac
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1 - STATE REGISTRAR			UŁPAKI			F DEATH		EG. NO.				
I. DECEASED NAME	FIRST		WIDDLE	(AST		2a DATE OF DEA		DAY YEA	2b H	OUR	
(TYPE OR PRINT)	MARGAR	ET I	BARTHEL	RUI	MANN		August	18, 19	984	7:	:42P M	
3. SEX	- 1	RACE		5. DATE C			6. AGE (IN YEARS)	AST BIRTHDAY)	MONTHS D	EAR IF UN	DER 24 HRS	
FEMALE		WHITE		MAY	27,	1894	90	1	RS.	NTS HOUR	to Min.	
To. BIRTHPLACE (STATE	E OR FOREIGN 7	CITIZEN OF	WHAT COUNTRY	? 8.	n T NEV	ER MARRIED	9 BALTIMORE C	ITY OR CO	UNTY OF DEATH	н		
NEW YORK		USA		WIDOWE	2.4.0	DIVORCED [PRINCE	E GEOR	GE		MD.	
10. CITY OR TOWN OF CHEVERLY		(IF NOT IN SU	HOSPITAL, NURSI CHEACILITY, GIVE STREE I. Extend	T ADDRESS)			120. USUAL OCC (TYPE OF WORK FOR HOMEMAL	UPATION MOST OF WORK	(INDUST HOM		INESS OR	
USUAL RESIDENCE (#	NURSING HOME OR	THER INSTITUTION	N. GIVE RESIDENCE BEFO	RE ADMISSION)		-	1					
MARYLAND	Princ	eGeorge	BOWIE	WN	YES Y		13 SIREE ADD	erner	Place	20	715	
14 FATHER'S NAME		IDDLE	LAST			ER'S MAIDEN NA		DDLE D	יכון זיי א כווא א	DIAST		
AUGU		BARTHEL				CATARINA						
160 WAS DECEASED E	VER IN U.S. ARA	VAR OR DATES)	166 SOCIAL SEC 059-52-7		Son-		udmann, sa	address ame as	13			
18 CAUSE OF D	EATH (Enter only	y one couse pe	r line for (a), (b), o			11			BETW	PROXIMATE II	NTERVAL AND DEATH	
PART I. DEAT	H WAS CAUSED	BY:	Core	Max	4	HYZYY	2 0180	asl		10 4897		
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underlying c		(10)	DR AS A CONSECU	JENCE OF								
PART 2 OTHER	SIGNIFICANTO		ONTRIBUTING TO	DEATH BUT	NOT RELA	ATED TO THE TERM	AINAL DISEASE OR	CONDITIO	N GIVEN IN PAR	I leo		
NO NO			_									
190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION 210, ACCIDENT WAS UNDERLYING 210, TIME OF INJURY			H OPERATIO	N WAS PE	RFORMED	200 AUTOPSY? 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?						
H. C.							YES NO	YES [
21a. ACCIDENT WA		110110 4	OF INJURY	DAV VEAD	21c HOV	W INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN IT	M 18 PART I OR PAR	1 2)		
OR CONTRIBUTING	MEDICAL EXAMINER	IN .	P.M.	19								
(IE EITHER NOTIEY 21d. INJURY OCC		21e PLACE	OF INJURY		21f LOC	ATION	CII	y OR TOWN	COUNT	у	STATE	
	OT WHILE	I AT HOME S	TREET, PACTORY, OFFICE	, FARM ETC]	,							
22a.1 certify the	ot (1) (this hospit	ol) ottended t	he deceased from	18	126	. 19	to S	8	, 19	4. that (I) (wa) lost	
saw 19 de	ceased alive on . ue) (al.d) (did not	view the had	valter death	84	nd that in	(my) (www.) opinion	death occurred on	the date or	id hour and from	the couse	s stoted	
22h SHINATURE	1	NA	. /		DEGREE		/		22c. D	ATE SIGN	ED 6	
(Show	not	PO	hel			PHYSICIAN	DIRECTOR F	STAFF PHYSICIAN	2	120	184	
THE PHYSICIAN	S NAME ITHE	rent;	N		22e ADE	DRESS					1	
Leonar	d Appel	. M. D			323	1 Superio	or Lane,	Bowie	, Maryla	and 2	0715	
23a BURIAL, CREMATI		23b. DATE		NAME OF C		OR CREMATORY	23d. LOCATIO	N				
Burial		August	24, 1984	St.	John'	s Cemeter	ry Brook	Tyn,	New York	5	STATE	
24 FUNERAL DIRECTO	-	uneral	Home, In	ic.			TE REC'D, BY REGI	STRAR 266 R	EGIŞTRAR'S SIG	NATURE		

TO FUNERAL DIRECTOR.

OHMH-16 50M 4/83 Old Alexander Ferry Road, Cfinton, Maryland



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1,	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO).					
	PE OR PRINT)	RST	WIDDIE	.1 .5	AST		st 14,1	YEAR Q Q /1	26 HOU	IR O		
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3 SI	Male	4. RACE White		5. DATE O		6. AGE (IN YEARS LAST BIRT	YRS.	DAYS	HOURS	MIN.		
/	BIRTHPLACE (STATE OR FORE) COUNTRY) Ashington, D.		WHAT COUNTRY	? 8.	D NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH						
rt.	Washington	11. NAME OF (# NOT IN SU Ft. Wa	HOSPITAL, NURSI	ING HOME C et address) bilita	tion Center	17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Electrician Prince George's County MD 12b. KIND OF BUSINESS OR Electric Electric						
13a. Ma	ryland	COUNTY P.G.	13c. CITY OR TO	WN	13d INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS / 3806 Reger		way 2	20746	5		
14. F	Robert	MIDDLE S.	Russ	, Sr.	Mildred	WIDDLE		Dudl ^{AST}				
160	WAS DECEASED EVER IN L {YES, NO OR UNKNOWN} (IF	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)	16b. SOCIAL SEC		Mrs. Beatrice		ss Rt.#2, t LaPlata					
TION	PART 2 OTHER SIGNIFIC	CANT CONDITIONS		DEATH BUT	NOT RELATED TO THE TERM							
CERTIFICATION	190 DATE OF OPERATION	196 CON	DITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	FYING CAUSES OF DEATH?				
	210, ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH HOUR	OF INJURY I.M. MONTH I	DAY YEAR	21c HOW INJURY OCCUR	ty IN ITEM 18 PART I ORPART 2)						
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		EET, FACTORY, OFFICE, FARM, ETC)		211 LOCATION STREET	CITY OR TO	vn cc			TATE		
	22a certify that () (DESCRIPTION AUGUST 13 19 84, to August 19 84, that () (DESCRIPTION AUGUST 19 84, and that in (my) (our) opinion death accurred an the date and hour and from the causes stated obove. () (1) (did) (did not) view the body after death.											
	226. SIGNATURE	rel T.	Diacon	If the	DEGREE ATTENDING PHYSICIAN 5	MEDICAL STAP DIRECTOR PHYSIC	F	Aug.		984		
		Isaacs,		0	5001 Silve		., Suit	lang	1, M	ıd.		
	Burial, CREMATION, REA (SPECIFY) Burial				ill Cemetery	23d LOCATION CITY OF TOWN Suitland		G		land		
24 Fr	FUNERAL DIRECTOR Gasch's Son	s F.H. P.A	. Hyatts	ville.	Maryland 20	1984) registion	St. Address P.	SIGNATI	JRE			

DHMH - 16 50M 4/83 (VRA 15, 4)

F. Gasch's Sons F.H. P.A. Hyattsville, Maryland

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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO TO DATE KNOWN I. DECEASED NAME Aug. DAY YEAR 2b. HOUR LIYPE OR PRINTS OF ESTI-DEATH MATED JAMES WARREN SAVOY 19 84 6 AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 3. SEX 4 RACE DATE OF BIRTH 1:120 DATE LAST BIRTHDAY) PRONOUNCED 58 DEAD male black 8-25-25 1984 YRS To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED KNEVER MARRIED FOREIGN COUNTRY) WIDOWED DIVORCED PRINCE GEORGES Virginia 10 CITY OR TOWN OF DEATH United States 2. AND 3 TO THE FU 3. RETAIN PAGE 5 2 SHOULD BE FILED, AL RECORDS, 201 W 120 USUAL OCCUPATION LTYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY 5901 FISHER Retired/warehouse TEMPLE HILLS ROAD US GOVT USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13e. STREET ADDRESS 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 5901 Fisher Rd #103 P.G. Temple Hill NO [Maryland ND 2 SF 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME DURS AFTER DEATH.

1B. GIVE PAGES 1,

WITH FORM PM.

MIT. PAGES 1 AND 2 LAST MIDDLE LAST MIDDLE FIRST Savoy Matthews Hazel ADDRESS Temple Hills Md. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT (YES, NO. OR UNKNOWN) Edna Gray-Friend- 5901 Fisher Rd 103 578 26 9843 WW2 & Korean APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ALONG W DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY OR REMOVAL. IMMEDIATE CAUSE (a) Squamous carcinoma of the mouth DUE TO, OR AS A CONSEQUENCE OF - TRANSIT Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. BURIAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) USED AS A E CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? FORWARDED TO THE CHIEF A PAGE 3 SHOULD BE USED HE STATE DEPARTMENT OF HE ND, 21 201 PRIOR TO BURIAL, YES [NO IX 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR WEDICAL CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY STATE EXECUTE THE CERTIFICATE, NPAGE 4 SHOULD BE FORW.
TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE STY.
BALTIMORE, MARYLAND, 2 Inspection X Inquiry K 22a. I certify that I taak charge of the remains described above, held an Autopsy and in my apinian Hamicide L Undetermined manner Natural causes Suicide TITLE (SPECIFY) DATE 8-7-84 MD Deputy MEDICAL EXAMINER 5009 Rayburn Ct., Temple Hills, Md. EXAMINER'S NAME Augusto P. Rodriguez 236. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION, REMOVAL THE DATE 23d LOCATION (SPECIFY) PG Maryland Burial Ft.Lincoln Cemetery Colmar Manor 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATUREDE 24 FUNERAL DIRECTOR **DHMH - 17** ALEXANDER S. POPE-2617 Pennsylvania Ave., S.E. (VR A15 ME (5)) 20M 4/82

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1	1.56X			4. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF U	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
ä	Fen	nale		Caucasi	an	Febru	ary 24, 1903	81	YRS	DATS	NOURS MIN.
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2		ryland		U.S.A	4.	WIDOWE		P.G. Cou	inty	SYLE	MD.
2		inton,	3 2 SV	(IF NOT IN SUC	H FACILITY, GIVE STREE	TADDRESS)	nd Hosp. Ct	120. USUAL OCCUPATK		126 KIND O	OF BUSINESS OR
7		L RESIDENCE (IF N		OTHER INSTITUTION	GIVE RESIDENCE BEFOR	RE ADMISSION)	13d INSIDE CITY LIMITS? YES 🛣 NO 🗍	130 STREET ADDRESS / 1615 G St	ZIP CODE	g. 30	20379
1	14. FA	THER'S NAME		WIDDLE	LAST	,	15 MOTHER'S MAIDEN NA	WE		LAS	ST
		Joseph			Johnson	n	Alice				tham
7		(AS DECEASED EVI		MED FORCES?	166 SOCIAL SEC		17 INFORMANT	161	G St.	. S. I	E.
7		No			578-10-4831		Albert B. Sc.		sh. D	. C.	
1	10.0	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:								1.	ONSET AND DEATH
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		saw the dece	osed alive on	t) view the bady	8/14/19	84.00	nd that in (my) (apr) apinion	deoth occurred on the do	te and hour or	nd from the	couses stated
		22b. SIGNATURE	(alla no	1) view the budy	offer death.	-	DEGREE			22c DATE	SIGNED
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	23a B	URIAL, CREMATIO	N, REMOVAL	236 DATE 8/17/	84 Re		emetery or CREMATORY	23d LOCATION Cliv or town Clinton	P.	G. Ma	aryland

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

George P. Kalas Funeral Home Oxon Hill, Md.

Clinton 250. DATE REC'D. BY REGISTRAR BE REGISTRAR'S SIGNAURE AUG 17 284

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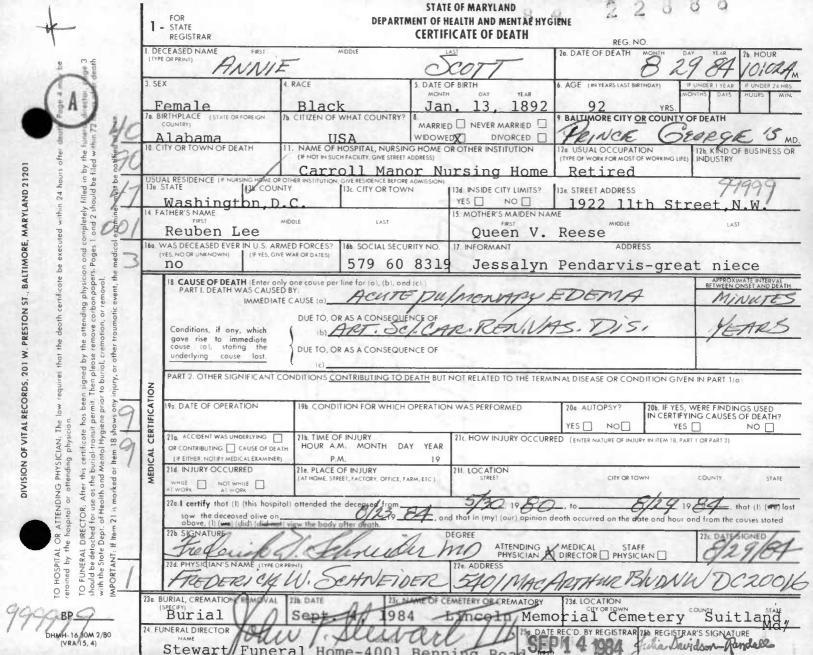
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

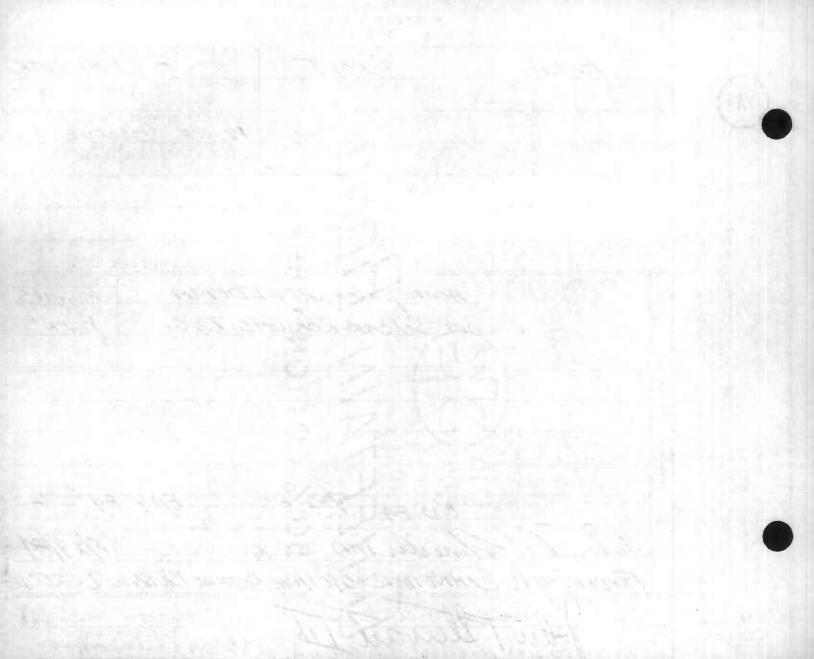
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3. SEX			4 RACE		S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BE		MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
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	OR TOWN OF D	EATH	11. NAME OF		IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	126. KIND C	OF BUSINESS OR
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22	sow the dece	lam	8-20 t) view the body Hent RPRINT)	after death.		nd that in (my) (see opinion o	MEDICAL STA	Road	22c. DATE	2784
230 BUR	RIAL, CREMATIO	N, REMOVAL				EMETERY OR CREMATORY dale Terrace I	23d. LOCATION		COUNTY	Tdaho
24 51111	EDAL DISCORD		7-30 027		TOACT	lace 1	E DEC'D BY DECISION	OLD DECK	TDADIC CLOSE	TURE

Old Alexander Ferry Road, Clinton, Maryland DHMH - 16 50M 4/83 (VRA 15, 4) 6633

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN Williams Charles DEATH MATED 8/7/84 19 Schumacher 4. RACE 3. SEX 6. AGE (IN YEARS IF UNDER 1 YR. DATE PRONOUNCED Male White March 8,1927 8/7/84 19 DEAD TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH New York MARRIED NEVER MARRIED U.S.A. Prince George's County WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 7010 Allison St. OR INDUSTRY Landover Hills Coordinator M.A.R.A. F. PAGES 1 AND 2 SHOULD BE DIVISION OF WITH RECORDS USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Landover Hil | 13d | INSIDE CITY LIMITS? | 13p STREET ADDRESS | 15p STREET ADDRESS | Maryland SES IX 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE George Schumacher Sadie Hughes 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 13721 Melowdew Mr. Edward G. Schumacher Ct. Woodbridge Yes-Army 577-32-8439 W.W.II 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PARTE INTERVAL BETWEEN ONSET AND DEATH PARTIDEATH WAS CAUSED BY: Gunshot wound of Head IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PRIOR TO BURIAL, HEAD ONLY 210 EXTERNAL CAUSE WAS AODEOXINJURY HOUR A.M. MONTH DAY YEAR 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 21 UNDERLYING TOR MEDICAL CONTRIBUTING CAUSE OF DEATH 1:00% 8/7/849 self inflicted wound 214 INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 21f LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK 7010 Allison St., LandoverHills, Pr.Geo., Md. home VULD BE FORWAR 220. I certify that I took charge of the mains described EAD he ONLY Autopsy X Inspection Suicide X death resulted fram: Accident Homicide Undetermined manner TITLE (SPECIFY) PAGE 4 SHOUL TO FUNERAL D AFTER DEATH, BALTIMORE, M ACTUAL Assistant MEDICAL EXAMINER DATE 8/8/84 SIGNATURE EXAMINER'S NAME Baltimore, Maryland Gregory R. Kauffman, M.D. 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION Cremation Aug. 9, 1984 Ft. Lincoln Crematory Brentwood P.G. Maryland 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S TOWN A THE **DHMH - 17** F. Gasch's Sons F.H. P.A. Hyattsville, Md. (VR A15 ME (5)) 20M 4/B2

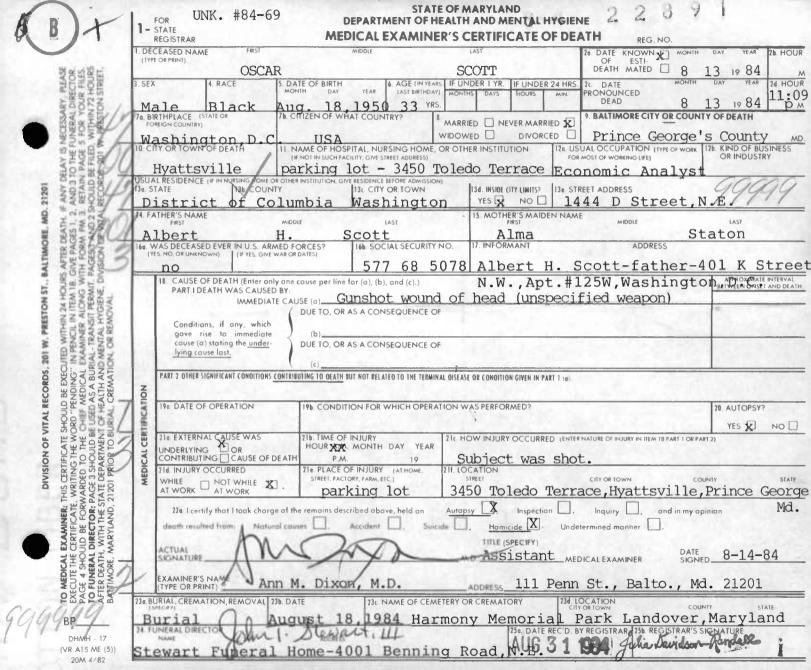
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a DATE KNOWN DO (TYPE OR PRINT) ESTI-84 Robert DEATH MATED Shipley 3 SEX 4. RACE 5 DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE TROD AST BIRTHDAY Jaly 24, PRONOUNCED 19 84 DEAD Male White To. BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland. U. S. A. WIDOWED [] DIVORCED [Prince Georges County 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION PIENOT IN SUCH FACKITY, GIVE STREET ADDRESS) 120 USUAL OCCUPATION (TYPE OF WORK 120. KIND OF BUSINESS OR INDUSTRY 10. CITY OR TOWN OF DEATH 2, AND 3 TO THE 3. RETAIN PAGE 2 SHOULD BEFILED AL RECORDS, 2011 Riberdale 5609 Kennedy Street, #101 USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 20737 13d. INSIDE CITY LIMITS? 13c. CITY OR TOWN 13e STREET ADDRESS Maryland Prince Georges Riverdale 5609 Kennedy Street, #101 IB. GIVE PAGES 1, 2, A WITH FORM PM 3. IN WITH FORM PM 3. IN WIT. PAGES 1 AND 2 SH John 15. MOTHER'S MAIDEN NAME MIDDLE WillTam Shipley. 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Doris L. Smith (Daughter 579-05-0272 No. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Acute myocardial disease IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which carcinoma of the lung. gove rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF OF HEALTH AND MER lying cause lost. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATN BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION None 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PRIOR TO BURIAL. 8 NO T None DEPARTMENT 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH None 214 INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 21f LOCATION NOT WHILE STREET, FACTORY, FARM, ETC. I STREET CITY OR TOWN COUNTY STATE WHILE PAGE (SHOUD BE FORWARD TO FUNEAL DIRECTOR: PAGE AFTER DEATH WITH THE STATE I BATTIMORE MARYLAND, 21201 AT WORK AT WORK Inspection X Autopsy 220 I certily that I took charge of the remains described above, held an and in my opinion Natural causes X Accident Suicide Hamicide Undetermined monner TITLE (SPECIFY) ACTUAL DATE SIGNED 8/20/84 Deputy MEDICAL EXAMINER SIGNATUR 1919 Seminary Road EXAMINED NAME (TYPE OFFRINT) John S. Rogers, M.D. Silver Spring, Montgomery, Md. ADDRESS 22, 1984 Washington National. Suitland P. G. 230. BURIAL, CREMATION, REMOVAL 236. DATE Burial. Aug. BP Takoma Funeral Home. **DHMH - 17** 254 Carroll St. N. W. (VR A15 ME (5)) 20M 4/82

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN XX MONTH YEAR 2b. HOUR (TYPE OR PRINT) OF ESTI-Loisteine DEATH MATED F. Simms 19 84 IF UNDER 1 YR. 4. RACE DATE OF BIRTH AGE (IN YEARS SEX IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) PRONOUNCED 19 84 DEAD a. M 2-21-1921 Female Black 1. BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE MARRIED NEVER MARRIED FOREIGN COUNTRY Amelia Va. U.S.A WIDOWED [DIVORCED Prince George's County, 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION ITYPE OF WORK BE FILED. 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) Southern Maryland Hospital Clinton B. GIVE PAGES 1, 2, AND 3 TO WITH FORM PM 3. RETAIN P T. PAGES 1 AND 2 SHOULD BE DIVISION OF VITAL RECORD USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 13a STATE 13b. COUNTY 13d INSIDE CITY LIMITS? P.G Brandywine North Keys Road Marvland YESX NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST William Fritzgerald Robinson Rebecca 166. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 7 INFORMANT ADDRESS (YES NO OR UNKNOWN) I (IE YES GIVE WAR ORDATES) 217-24-1156 William Simms SAA No APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) USED AS A BURIAL - TRANSIT PERMIT.
OF HEALTH AND MENTAL HYGIENE, D
IRIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Hypertensive Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PAGE 4 SHOULD BE FORWARDED TO THE CHIEF IN TO FUNEAL DISECTOR; PAGE 3 SHOULD BE USED SHEER DESTINATION THE STATE DEPARTMENT OF HE BAILTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES X NO [216 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY LATHOME. 21f LOCATION STREET STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE AT WORK NOT WHILE AT WORK 22a I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian Inquiry Natural causes X Undetermined manner Hamicide ___ 8-28-84 Assistant MEDICAL EXAMINER EXAMINER'S NAME 21201 Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 236 BURIAL CREMATION REMOVAL 236 DATE COUNTY STATE 9-2-84 Burial Big Oak Mem. Cem Amelia BP. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** Ania lier door hande se (VR A15 ME (5)) FUNERAL HOME P. A AQUASCO MD 20608 20M 4/82

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MEDICAL

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR LAST 20. DATE OF DEATH MONTH 25 HOUR DECEASED NAME TYPE OF PRINTS Edward NMN SITKO. August 19. 1984 1:30pm A AGE (IN YEARS LAST BIRTHDAY) 4. RACE 5. DATE OF BIRTH IF UNDER 1 YEAR 3 SEX HOURS MONTH Male Caucasian August To BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Prince George's County Pennsylvania USA O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION INDUSTRY Doctor's Hosp. of Pr. George's Co Retired US Government Lanham 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Maryland Pr George's 12633 Kornett Lane Bowie YESXX 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Godesky Sitko Stanley Anna 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 12633 Kornett Lane 182-16-4465 Bowie, Maryland Madeline M. Sitko 20715 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per lige for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF 20 MONTHS ER CIRRHUSIS. Conditions, if ony, which gave rise to immediate A CONSEQUENCE OF HEPATITIS couse (a), stating the underlying couse lost. DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART CERTIFICATION

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 190 DATE OF PPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

THE ACCIDENT WAS LINDERLYING TIME OF INJURY 212: HOW INJURY OCCURRED (INDENATION OF PRIME POST IN THE PART I OR PART 2) HOUR A.M. MONTH DAY YEAR

IAT HOME STREET FACTORY OFFICE FARM ETC.)

DE CONTRIBUTING CRUSE OF DEATH THE ENTER NOTEY MEDICAL EXAMINEST THE INJURY OCCURRED TIE PLACE OF INJURY TIL LOCATION COUNTY 111475 CHICOFFORM

AT WORL 22x I certify that (II (Now hospital)

and that in Imy Jam's opinion death accurred on the date and hour and from the causes stated DEGREE

DIRECTOR | PHYSICIAN |

(SPECIFY) Sacred Heart Ch. Cem. Bowie, Prince George's, MD Burial

Beall Funeral Home

16000 Annapolis Rd 250. DATE REC'D BY REGISTRAR IS REGISTRAR'S SIGNATURE 20715

DHMH - 16 50M 4/B3 (VRA 15, 4)

24 FUNERAL DIRECTOR

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL AYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH 2b. HOUR 1. DECEASED NAME (TYPE OR PRINT) Mabel Sliker A. 8 - 4 - 1984 8:05 4. RACE A AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3. SEX 5. DATE OF BIRTH MONTH YEAR DAYS HOURS White emale 2-8-1891 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY U. S. A. Slocum. PA Prince George's WIDOWER DIVORCED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE NAPUSTROME Mitchellville Villa Rosa Nursing Home Housewife 13b COUNTY UND BER TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Maryland Prince Geo. 5810 Greenlanding Road 20772 YES X Marlhore 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Nelson Eliza Sedden Mvers - ArDD-LLC 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO LIF YES, GIVE WAR OR DATEST (Son) Same as #2 Roland E. Sliker 158 70 7252 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for 10), (b), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0)_ DUE TO OR AS A CONSEQUENCE Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS LISED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [NO YES | 21a, ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 71e. PLACE OF INJURY 21d. INJURY OCCURRED TH LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE [27x.1 certify that (1) (this hospital) attended the degrased from saw the deceased alive on. that in (my) (mur) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did nat) vie-17h SIGNATURE DEGREE 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 77e ADDRESS d b 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 23b. DATE Hillside Cemetery RiFfal 8/7/84 Plainfield 250-DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 (VRA 15, 4)

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7	o. BIRTHPLACE FOREIGN COUNT	(STATE OR RY)	76 CITIZEN OF WE	HAT COUNTRY?	8. MARR	ED MEVER MAR	RIED 7. 8	ALTIMORE CITY O	R COUNTY OF DEAT	Н
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Ļ	1	CE (IF IN NURSING HOME)				Hospital	Secu	rity Offi	cer	MACHO
	30. STATE	136 COUN	1TY	13c. CITY OR TO	WN	13d. INSIDE CITY LIMITS?			20	743
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	lying	cause lost.	(c)							
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	WHILE	NOT WHILE		OF INJURY (AT HO ORY, FARM, ETC.)		CATION	CIT	ORTOWN	COUNTY	STATE
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	220 lo	ertify that I taak char	ge of the remoins des	cribed abave, held	an Autap	sy . Inspect	ian 🛣 , In	quiry 🔼 , _on	d in my apinian	
	death re	sulted from: Natu	rol causes X.	accident .	Suicide	Homicide .	Undetermin	ed manner ,		
	ACTUAL	Alux	WAY	X	112/	TITLE (SPECIFY)		A. Pri	DATE 0/2/1	00%
7	SIGNATU	RE /	300/-	cray.	N.	Deputy Deputy	MEDICAL	EXAMINER	DATE 8/3/1	704
	EXAMINE	R'S NAME		1. //	N. P.	F000	Dauch	C+ To	mple Hille	Md
+	(TYPE OR			driguez.					mple Hills	, Mu.
12	3a.BURIAL, CRE. (SPECIFY)	MATION, REMOVAL				R CREMATORY	23d. LOCAT	WN	COUNTY	STATE
-	A FUNERAL DI		August 5,	1984 F1	nagan	Funeral Ho	THE Gre	ensville	TRAR'S SIGNATURE	
	NAME	er S. Pope	2617	Penn. Ave	SE	ALIC	0 400701	1 K K	10-600	2
F				- Court Aire	, 2.5.	AUD	一场	Super-Dans		

of 1/01 - 22 - 11 reft | 1/2 Security Officer Committee County of the County of the County Officer County der land Primes George Copied Mess. X 'll Mingelent direct Pools Pools Not Bill : Will Decide the Commission of the Com deserted L. Hourights, N. S. L. . Spiel Saylara Ct., Terrie Mills, Md. Renoral August 5,1984 Pleasers Fundred Ross Orthorn N.C. Alexander B. Pope 2617 Penn. Ave. E.f. 144 . S. E. Maron Con-

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN KT YEAR (TYPE OR PRINT) ESTI-Darden SYLVIA DIRECTOR. OUR FILES. 172 HOURS ON STREET, 8 10 84 SMTTH DEATH MATED 4. RACE IF UNDER 1 YR. 3. SEX IF UNDER 24 HRS 2c. DATE AST BIRTHDAY PRONOUNCED 19 84 Nov. 23, 1892 92 YRS Female **Black** DEAD Th. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED North Carolina U.S.A. WIDOWED XX Prince Georges County MD DIVORCED 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION LITTE OF WORK OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Prince George's General Hospital Cheverly Homemaker Domestic SLIAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13c. CITY OR TOWN 13d. INSIDE Seat Pleasantyes* 300 70th Street Maryland 13d. INSIDE CITY LIMITS? NO [] 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Darden MIDDLE Martin Jean (unknown) 16b. SOCIAL SECURITY NO. 17 INFORMANI300 70th Stapseat Pleasant, 60 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) 241-28-4634D Annie Mae McCrae (daughter) Maryland CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: CARCINOMA OF THE X STOMACH IMMEDIATE CAUSE (a)_ DIVISION OF VITAL RECORDS, 201 W. PRESTON DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, THE C YES [21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED TE PLACE OF INJURY (ATHOME, 2 If LOCATION STREET, FACTORY, FARM FTC) STREET CITY OR TOWN COUNTY WHILE AT WORK EXECUTE THE CERTIFICATE, Y
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PY
AFTER DEATH, WITH THE STA 220 I certify that I took charge of the remains described above, held an Inspection Notural courses Homicide Undetermined monner Deputy DATE 8/4/1984 MEDICAL EXAMINER ADDRES 5009 Rayburn Ct., Temple Hills. Md. Rodriguez, M.D. Augusto P 23c. NAME OF CEMETERY OR CREMATORY COUNTY North Smith Family Cemeterywarsaw, Duplin Co. Carolina 08/11/84 Burial 24 FUNERAL DIRECTOR LATNEY'S Funeral Home BY REGISTRAR 256 REGISTRAR'S SIGNATURE DE **DHMH** - 17 3831 Georgia Ave. NW; Washington, DC 20011 (VR A15 ME (5)) 20M 4/82

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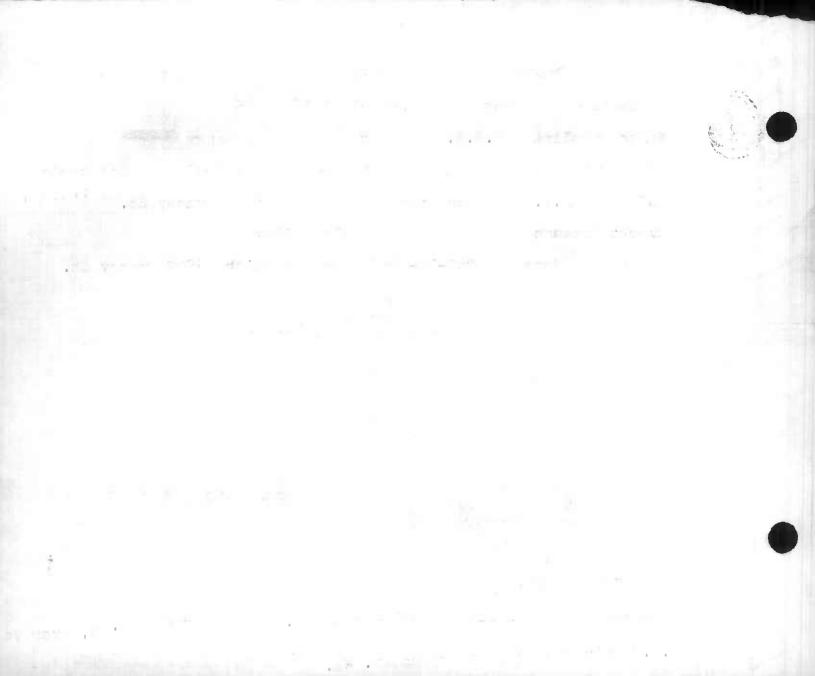
DEPARTMENT OF HEALTH AND MENTAL WYGIENE

1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 2a DATE OF DEATH (TYPE OR PRINT) THEODOS LA SMITH 08 4 RACE & AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR 3. SEX 5 DATE OF BIRTH IF UNDER 24 HRS Female Black 66 7m. BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED North Carolina U.S.A. WIDOWER PRINCE GEORGES DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
Retired PRINCE GEORGES GENERAL HOSPITAL INDUSTRY CHEVERLY Cafeteria USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) P. G. 130. STATE Landover 6807 Muncey St. 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST AND DIE LAST Hubert Zula Bailey Freeman 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO 242-16-5987 6807 Muncey St. Gregory Smith 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO OR AS A CONSEQUENCE OFcolon cancer Conditions, if any, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF couse (a), stating underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LID CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART I OR PART 2) 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 27 1 certify that (17 this haspital) attended the deceased from deceased alive on and that in (my) our) opinion death accurred an the date and have and from the causes stated DEGREE MEDICAL DIRECTOR | PHYSICIAN | 22e ADDR 23s. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Arlington Nat.F. Burial 8-14-1984 Arlington Nat.

24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 (VRA 15, 4)

FOR

H.S. Washington 4925 Burroughs Av



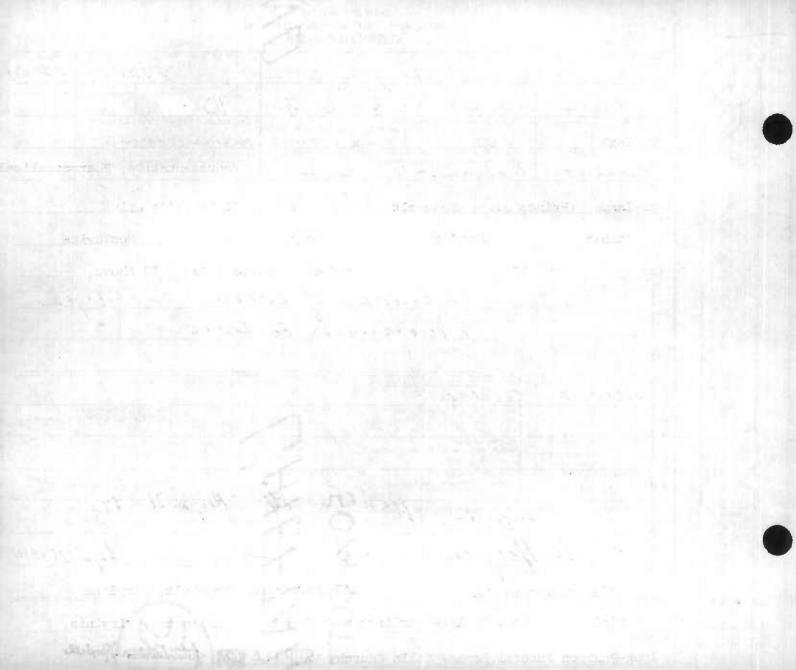
FOR



-	1.	FOR			DEPARTMEI	STATE OF	MARYLAND H AND MENTAL	HYGIENE 2 2	9 0	2	
		STATE REGISTRAR					CERTIFICATE		NO		
	I. DE	CEASED NAME	FIRST		MIDDLE		LAST	28. DATE KNOWN		DAY YEAR	2b. HOUR
SE	(TYP	E OR PRINT)	EDITH		G	S'	TAFFEL	OF ESTI- DEATH MATED	-	8 19 84	
	3. SE)	4. RA		5 DATE OF BIRTH	6. A	GE (IN YEARS IF U	NDER TYR. IF UNDE		HINOM	DAY YEAR	24 H948
1	Fe	male Whi	te	Oct 14		80 YRS.	THS DAYS HOURS	MIN. PRONOUNCED DEAD	8 18	8 1984	30"
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1		ashingto	n DC	United	State		RIED NEVER MARI		George	15	440
01		TY OR TOWN OF DE		11. NAME OF HO	SPITAL, NURSIN	G HOME, OR OTH	HER INSTITUTION	120. USUAL OCCUPATION		KIND OF BU	SINESS
0	Ca	mp Springs	5	6901 Wa	ACILITY, GIVE STREET	venue.		FOR MOST OF WORKING LIFE! Housewife	b	OR INDUSTI	
1	USUA	AL RESIDENCE HEINA	URSING HOME OF	OTHER INSTITUTION, G	IVE RESIDENCE BEFO	RE ADMISSION)					
7	6	ryland	Prin		Camp S	prings	136 INSIDE CITY LIMITS?	6901 Waldr		20748	
1		ATHER'S NAME	PETIN			Prinds	15. MOTHER'S MAID	DEN NAME	an Ave	×:	
1		George	W	MIDDLE	Chast		Alice	MIDDLE	NT -	LAST	
-	16a. V	VAS DECEASED EVE	R IN U.S. ARM	ED FORCES?	16b. SOCIAL	ney SECURITY NO.	17. INFORMANT	ADDR	ESS	rton	
1	(Y	es, no, or unknown) No	(IF YES, GIVE W	VAR OR DATES)	577-1	2-6393	Walter	L. Strietz	Same	2 2 4	112
		18 CAUSE OF DEA	TH (Enter only	one cause per line					Dane	APPROXIMATE	INTERVAL
		PART I DEATH	WAS CAUSED				cardiovasc	ular disease		BETWEEN ONSE	AND DEATH
		CHECK TO	IMMEDIAII	CAUSE (d)	R AS A CONSEG						
OK KEMOVA		Canditians, if		4.5							
		gave rise to couse (o) statir	g the under	DUE TO, OF	AS A CONSEG	UENCE OF					
		lying couse los	<u>t.</u>	(c)_							
		PART 2 OTHER SIGNIFICA	NT CONDITIONS (BUT NOT RELATED T	O THE TERMINAL DISEA	SE OR CONDITION GIVEN IN P	PART 1 (g)			
	Z		- 151								
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2	F								117	YES 🗌	NO X
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1		UNDERLYING CONTRIBUTING	CAUSE OF D			19					
	MEDICAL	214 INJURY OCCU	RRED	21e PLACE	OF INJURY (A		CATION	CITY OR TOWN		,	STATE
	E		WORK	SINEEL, PAC	. IOAT, FARM, ETC.)		STALL	CITORIOWN	COUNT		SIAIE
				of the remoins de	scribed above.	eld an Autor	osy , Inspection	on X Inquiry X	and in my apinio	22	
		deoth resulted fro			Accident	. Suicide	Hamicide .	Undetermined manner	П ту артка	un	
		deom resulted fro	Natura	reduses [A_],	V/	, Suicide L	TITLE (SPECIFY)	Underermined manner L	,		
9		ACTUAL SIGNATUR	Xugu.	8A	Koule	vue/	Deputy	MEDICAL EXAMINER	DATE SIGNED	8/18/	1984
7			11	//	/	1				HIE	
-		(TYPE OR PRINT)	Migus	to P. Roc	iriguez/	M.D.	ADDRES 5009 R	ayburn Ct., To	emple Hi	11s, M	d.
_		URIAL, CREMATION,	REMOVAL 23	b DATE	23c NAM	E OF CEMETERY O		23d. LOCATION			
	E	Burial	2	22Aug84	Ced	ar Hill	Cemeter	y Suitland	COUNTY	GPAP2	Md
	24 F	UNERAL DIRECTOR						REC'D BY REGISTEAR 1256 A	OF BALLSTON	The state of the state of	sh.
		MAROBERT Funera	1 Home	5 LTITE THINGS	Suitle	and, Md	· 400 2	6 0 100.0			

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J		REGISTRAR				CERTIF	ICATE OF DEATH	P3, -	REG. N	0.		
		EASED NAME	FIRST		MIDDLE	L	AST	20	DATE OF DEATH	MONTH / DA	AY YEAR	2b. HOUR
	(TYPE	OR PRINT)	DAVI	0	STAN	nLE	R			8/2	8/84	545 M
	3. SE.	(4	4. RACE		5. DATE C			GE (IN YEARS LAST BIR			IF UNDER 24 HRS
-		Mal	e	Can	casian	MONTH 8	DAY YEAR		90	YRS	ONIHS DAYS	HOURS MIN.
6	7a Bi	RTHPLACE (STATE OR	FOREIGN 7	Th CITIZEN OF	WHAT COUNTRY	8.	NEVER MARRIED	9 B	ALTIMORE CITY O	R COUNTY C	OF DEATH	
/	No	ew York	/ 1 = 1	US	A	WIDOWE		DOF	Prince	genge	-5	MD.
3		TY OR TOWN OF DE	ATH 1	11. NAME OF	HOSPITAL, NURSI	NG HOME C	R OTHER INSTITUTION	N 120.	USUAL OCCUPAT		126. KIND OF	BUSINESS OR
	6	Runbel	+		ch facility, GIVE STREE		. Center	(TYF	Represen	tative	Pharm	naceutica
10	USU	AL RESIDENCE (IF NUR	SING HOME OR C	OTHER INSTITUTION	N. GIVE RESIDENCE BEFOR	RE ADMISSION)					1201	200
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1		THER'S NAME	Princ	ce Ge.	Greenbe	elt	YES NO		52 Lakes	ide Dr	ive	
1	14. 77	FIRST	M	AIDDLE	LAST		13. MOTHER'S MAIDE	EININAME	MIDDLE		LAST	
0		Itzhak		S	tamler		Chana				oskowit	Z
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)			IMMEDIATE	CAUSE (a)_	C62 07	uvi	rea of	CV C			1 7	- Di-
		The second		DUE TO, C	R AS A CONSEOL	JENCE OF	1- 0	1. 1			1	
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		gove rise to im couse (a), stati		DUE TO	R AS A CONSEOU	IENCE OF						
		underlying caus	e lost.	(6)								
		PART 2 OTHER SIG	NIFICANT	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	FIFRAINAL	DISEASE OF COL	DITION GIVE	N IN PART 1/a	
	Z	Somo	100	_	euns	DENTITI DOT	NOT RELATED TO THE	E I E KITTER TAL	DISEASE ON COIL	DITION ONE	IN IN PART III	
-	CATION	19a, DATE OF OPERA	TION			- OPERATIO	N WAS PERFORMED	12	De AUTOPSY?	20h IE VES	WERE FINDING	CELIEED
-	5	, DATE OF OVERA	11011	170. CON	THOR WHICH	TOPERATIO	WASTERI ORMED	1		IN CERTIFY	ING CAUSES C	OF DEATH?
	CERTIFIE								ES NO	YES		NO 🗆
7	S	210 ACCIDENT WAS UN		21b. TIME (AY YEAD	21c. HOW INJURY O	OCCURRED	ENTER NATURE OF INJU	RY IN ITEM 18 PAR	RT I OR PART 2)	
4	1 ×	OR CONTRIBUTING			.M.	19	11111015					
-	MEDICAL	214 INJURY OCCUR		21e PLACE	OF INJURY		211. LOCATION	-1%				
	X	WHILE NOT W	HILE	(AT HOME 5	TREET, FACTORY, OFFICE,	FARM, ETC)	STREET	4	CITY OR TO	WN	COUNTY	STATE
		AT WE				No.	12/	12/1	Acres	176	14	
		220 I certify that (I) (this hospite	oftended t	he deceased from.	EG	19	7	10 Trugge	19	9, th	iat (1) (we) last
		sow the deceo above, (1) (we)	did) (did not) viewthe bad	y after death.	7 . 01	d that in (my) (our) or	pinion death	accurred on the d	ate and hour a	and from the co	ouses stated
		THE SIGNATURE	-/-	10			DEGREE				22c. DATE SI	IGNED
-		< /h	11	Mes 1	tella	/	4 D ATTENDI	ING M	EDICAL STA	FF CLANT	deal	28/984
+	1	224 PHYSICIANS N	AME	1			220 ADDRESS	IAN DI	KECTOR PHYSIC	JAN	the feet	211111
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		Till F	Bergema	ann, Mo			115 Cente	erway,	Greenbel	t, Mar	yland	
	23o E	URIAL, CREMATION	, REMOVAL	23b. DATE	230	NAME OF C	EMETERY OR CREMAT	TORY 2	3d LOCATION		COUNTY	
		Burial		Aug. 3	0 1984 7	Arlina	ton Nation	al	Arling	ton. V	irginia	STATE
82		INERAL DIRECTOR							C'D. BY REGISTRAR			
		NAME	17	3	ADDRESS		urch, VSFP					
		ves-rears	on Fur	neral H	omes, Fal	LIS Ch	urch, Valle	114	THE YOUR	handatas	THE PERSON NAMED IN	



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FH, 9018 Annapolis Do Lanhan

STATE OF MARYLAND

7b. HOUR

5:05P

IF UNDER 24 HRS

STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

The second service will be all was a selection of A SA LEW SEASON OF THE STATE OF THE SEASON STA _ 8/200 @ | ExtMode 1986 10 154 V 17 The state of the s ALCONO CANADAR STRIPTION OF THE ST W.S. D. PARTY TO SERVE University of advise many The first of the state of the s

STATE OF MARYLAND



1 - STATE			RTMENT OF HE	OF MARYLAND ALTH AND MENTAL H L'S CERTIFICATE O	EDEATH	0 /
REGIST 1. DECEASED (TYPE OR PRIN	NAME FIRST	MIDDE		Suber	REG, 140.	8 11 19 84
3 SEX Male	4. RACE Black	5 DATE OF BIRTH MONTH DAY YE 5-25-1907	6 AGE (IN YEARS LAST BIRTHDAY) 77 YRS.	IF UNDER 1 YR. IF UNDER	24 HRS. 20 DATE MPRONOUNCED DEAD	8 12 19 84 24 HOLL
S. CA	ROLINA	TO CITIZEN OF WHAT CO	A w	MARRIED NEVER MARR	P.G.C	MD
Templ		11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G 4015 24th P)	ace	R OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE VE)	r coal co.
USUAL RESIDERS STATE	DENCE (IF IN NURSING HOME OR 136 COUNT	Y 113c	ence before admission) CITY OR TOWN emple hi	13d. INSIDE CITY LIMITS? YES X NO	4015 24th Pl	lace 20748
14 FATHER'S	UNKNOV		LAST	15. MOTHER'S MAID	UNKNOWN	LAST
(YES, NO, O	CEASED EVER IN U.S. ARM R UNKNOWN) {IF YES, GIVE W	ED FORCES?	SOCIAL SECURITY N	o. 17. INFORMANT Ida Ber	nett 4015 24	th PL
g cc ly PART 2	anditions, if any, which over rise to immediate ouse (a) stating the <u>undering cause lost</u> OTHER SIGNIFICANT CONDITIONS C	(c)	CONSEQUENCE OF	DISEASE OR CONDITION GIVEN IN PA	RY 1 (a	
190. D	ATE OF OPERATION	196. CONDITION F	OR WHICH OPERATI	ON WAS PERFORMED?		20 AUTOPSY? YES □ NO 😿
UNDE CONT	CTERNAL CAUSE WAS RLYING OR RIBUTING CAUSE OF D		NTH DAY YEAR	216 HOW INJURY OCCURRE	ED LENTER NATURE OF INJURY IN ITEM 18 PART	T L OR PART 2)
WHIL AT W	ORK NOT WHILE D	STREET, FACTORY, FA		STREET	CITY OR TOWN	COUNTY STATE
deot ACTU SIGN	A Stuff	al causes X, Acid	Telfier	M.D. Deputy	Undetermined monner .	DATE SIGNED 8/12/84 le Hills, Md.
	REMATION, REMOVAL 23	16 AUG84		CEMETERY	23d LOCATION CITY OR TOWN SUITLAND MAF	COUNTY STATE
24 FUNERA NAME M.O.D	ERN FUNE	ROT Home	21-146	ST NUS AUG		DAD'S SIGNOTHE COLD SIGNO

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1 - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENP

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.								
1. DECEASED NAME FIRST	MIDOLE	LAST	26 DATE OF DEATH MONTH	DAY YEAR 26. HOUR							
(TYPE DEPRES)	ZABETH O.	TALBERT	08-30	-84 9 15PM							
1. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS							
Female	White	Dec. 17, 1907	76 YRS.	MONTHS DAYS HOURS MIN.							
TE BIRTHPLACE ESTATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY	(? 8	9 BALTIMORE CITY OF COUNTY	OF DEATH							
COUNTRY)	USA	MARRIED NEVER MARRIED WIDOWED NO DIVORCED	PRINCE GEORGE'S	MD.							
LIVE SIGNIST DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR							
CHEVERLY	PRINCE GEORGE	S GENERAL HOSPITAL	(TYPE OF WORK EOR MOST OF WORKING LE	Own Home							
USUAL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION GIVE RESIDENCE BEFO	DRE ADMISSION)	IHousewife								
134 STATE 135 COU			13e STREET ADDRESS / ZIP COD	20/43							
Maryland PG	Capito	15 MOTHER'S MAIDEN N	5310 Cumberla	nd St.							
PROF	MIDOLE LAST	FIRST	WIDDLE	LAST							
IM WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC	Lillia	n A. ADDRESS	Morris							
(YES, NO OR UNKNOWN) (IF YES, G		7228 _{Pamela Bree}	odon Como	112							
No I			eden Same	as #13							
PART 1. DEATH WAS CAUS		and (ci.)	Maril	2- COP							
IMMEDIA	TE CAUSE (o)	regarder my	70-9	1204							
	DUE TO, OR AS A CONSEQ	Der Tomke		23/219							
Conditions, if any, which	(b)	feely lenery		7009							
couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQ	UENGE OF	10 Nin 0000	monde							
	(c)		ment care	19							
	PART 2 OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS OF PART 110.										
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [196 CONDITION TO RINNING	MOBERATION WAS PERFORMED _ 1	1000	S, WERE FINDINGS USED							
190 DATE OF OPERATION	THE CONSTRUCTOR	The Apple of	INCERTI	FYING CAUSES OF DEATH?							
21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21: HOW INJURY OCCU		ES NO P							
OR CONTRIBUTION TO CAUSE OF OF	THE PARTY OF THE P	DAY YEAR	A LEWIS NATURE OF INJURY IN TIEM 18	PART TOR PART 27							
(# ETHER, NOTHY MFOICAL EXAMINE 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19 ZII LOCATION 4									
NO WILL	(AT HOME STREET, FACTORY OFFI		A CITY OR TOWN	COUNTY STATE							
AT WORK			e 12	<i>F</i> 26							
22a. certify that (1) (this hosp	oitol) ottended the deceased from		n deoth occurred on the date and ha	19, that (1) we) lost							
above, (I) (we) (did) (did n	ot) view the body after death	DEGREE	The desired on the date on the								
D & D		MA A ATTENDING	MEDICAL STAFF	22c. DATE SIGNED							
224 PHYSICIAN'S NAME (TYPE	hans p	PHYSICIAN 226 ADDRESS	DIRECTOR PHYSICIAN	5/3/104							
16640 G	DAILALL JA	" AUG CA	Report, Weight	Blug							
CUTAIN 10	DICIAIND VIC	COAV	of Keight	md 20145							
23a. BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	I CITY OR TOWN	od PG Md							
Burial	4Sept1984 F	ort Lincoln Com	Brentwo	od PG Md							
24 FUNERAL DIRECTOR E		Suitland, Md	THE PARTY OF THE P	THORNOR PARTON							
Funeral	Home			<u> </u>							

DHMH - 16 50M 4/83 (VRA 15, 4)



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1		= STATE REGISTRAR DECEASED NA		ME	MIDDLE	F HEALTH AND I	FICATE OF DE	ATH REG. NO		
(8)	<u>.</u>	(TYPE OR PRINT)	Willi	am	S.	Taylor	, Sr.	20. DATE KNOWN COF ESTI-	8-19 19 84	
PART HOUSE	ST	male	black		1, 1922	YEARS IF UNDER 1 YI	R. IF UNDER 24 HRS	PRONOUNCED DEAD	8-19 1984	B HOUR A M
95	# / J		Carolina			WIDOWED K	NEVER MARRIED DIVORCED	Prince Geo		MD.
AY IS OTHE PAGE	8/1	CITY OR TOW		608 Potor	nac Valley			SUAL OCCUPATION (TYPE OR MOST OF WORKING LIFE) Truck Dri	OR INDUS	
2 4 A S S	VITAL-RECORDS	FORT FATHER'S NA/		on PG	13c. CITY OR TOWN	13d INSIG YES [NO 6	MIDDLE	valley LAST	744
BALTIMORE, MD. S AFTER DEATH. II GIVE PAGES 1, 2, PAGES 1 AND 2 S	NO 16		d Taylor SED EVER IN U.S. ARA NOWN) (IF YES, GIVE	AED FORCES?	16b. SOCIAL SECU		arah Rog	ADDRESS	5	
BALTIM JRS AFTER 8. GIVE PV WITH FOI T. PAGES	NOISION	yes 18 CAUSE	OF DEATH (Enter on			7869 W	illiam T	aylor,Jr	Son-608 P	otomac
201 W. PR UTED WITH IN PENCIL EXAMINER	AND MENTAL HYG	gave cause (lying c	ions, if ony, which rise to immediate a) stating the <u>under-</u> ouse lost.	(b)	AS A CONSEQUENCE AS A CONSEQUENCE BUT NOT RELATED TO THE T		ITION GIVEN IN PART 1 (a)			
SHOULD ORD "PEI NE CHIEF WE USED A	URIAL, OF HEA	190 DATE O	OF OPERATION	196 CONDI	TION FOR WHICH OI	PERATION WAS PERF	ORMED?		20 AUTOPS	
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXEC RITING THE WORD "PENDING" PED TO THE CHIEF MEDICAL EE 3 SHOULD BE USED AS A BUI	ARTMEN OR TO B		NAL CAUSE WAS NG OR TING CAUSE OF E	DEATH P.M	A. MONTH DAY YI	AR		ER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2}	
0 0000	ZIZOI PRI	MI I	OCCURRED NOT WHILE AT WORK	STREET EAC	OF INJURY (AT HOME TORY, FARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, WAGE 4 SHOULD BE FORWARTO FUNERAL DIRECTOR: PAR	D,	ACTUAL SIGNATUR	Augus	ol causes .	Accident .	Suicide . Ho	eputy ME	Inquiry ** , on determined monner , electronined monner , elec	DATE SIGNED Springs, Mc	
2882 BP		Buria		ug. 23	17 1	cemetery or cremi	Nationa 23d	LOCATION IY OR TOWN Cemetery		on, Vi
DHMH - (VR A15 M	- 17 AE (5))	Stewa	1000	al Home	LEGGY	Inling R	AANE 3	1 1999 Julie	STATE STATE OF STATE	ا حير

the getter - - the state Start Market Committee and the Committee of the Committee AND BEET BOOK OF THE PERSON OF

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO L DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED 84 Alle Norma Teague 6. AGE (IN YEARS | IF UNDER I YR. SEX 4 RACE IF LINDER 24 HRS DATE S FOR YOUR I WITHIN 72 H 7. PRESTON ST YEAR LAST BIRTHDAY PRONOUNCED 1916 19 81 26, DEAD Female White April August Th. CITIZEN OF WHAT COUNTRY TO BIRTHPLACE (STATE OR BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED | FOREIGN COUNTRY) U.S.A. Washington, D.C. WIDOWED [DIVORCED X Prince George's County 1, 2, AND 3 TO THE FU M 3. RETAIN PAGE 5 2 SHOULD BE FILED, 1 ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS. FOR MOST OF WORKING LIFE! OR INDUSTRY Riverdale 5301 Greenway Drive Bookkeeper Bookkeeping USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 136. COUNTY 13a. STATE 13c CITY OR TOWN T3d. INSIDE CITY LIMITS? 13e STREET ADDRESS Riverdale Maryland P.G. Co. NO [5301 Greenway Dr. 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME 1B. GIVE PAGES 1, 2 WITH FORM PM 3 MT. PAGES 1 AND 2, FIRST MIDDLE LAST FIRST MIDDLE LAST John S. Meade Maude Unknown DIVISION 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 146 SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Gerald Teague 8804 Cortland La. Lanham, Md No None 579-05-2337 ALONG WI 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) BETWEEN ONSET AND DEATH BE USED AS A BURIAL - TRANSIT PERMITOF HEALTH AND MENTAL HYGIENE, BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST IMMEDIATE CAUSE (a) DUNTO OR AS A CONSEQUENCE OF DAL EXAMINER AL Canditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T (0) CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNREAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DETH WITH THE STATE DEPARTMENT OF HI BAFTWORE, MARYLAND, 21201 PRIOR TO BURIAL, YES [NO IX 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY LATHOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY WHILE AT WORK AT WORK Inspection L 220 I certify that I took charge of the remains described above, held an Autopsy and in my opinion Undetermined manner Natural causes Hamicide DATE SIGNED Aug/7/84 MEDICAL EXAMINER EXAMINER'S NAME Richard L. Whelton. 7100 Baltimore Ave. College Park (TYPE OR PRINT) _ADDRESS. 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Aug/9/84 Lincoln Cemetery BP Burial Brentwood, P.G. Co., Maryland 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNA HANDA DHMH - 17 (VR A15 ME (5)) Chambers Funeral Home Riverdale, Maryland 20M 4/82

Mathematical Company of the Mile of the Company of

FOR - STATE

(TYPE OR PRINT)

REGISTRAR

Male

O. BIRTHPLACE (STATE OR FOREIGN

Washington D.C.

CHARLES

OTIS

76 CITIZEN OF WHAT COUNTRY?

U.S.A.

4 RACE

White

DECEASED NAME

STATE OF MARYLAND

TINGLEY

5. DATE OF BIRTH

WIDOWED

Dec.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

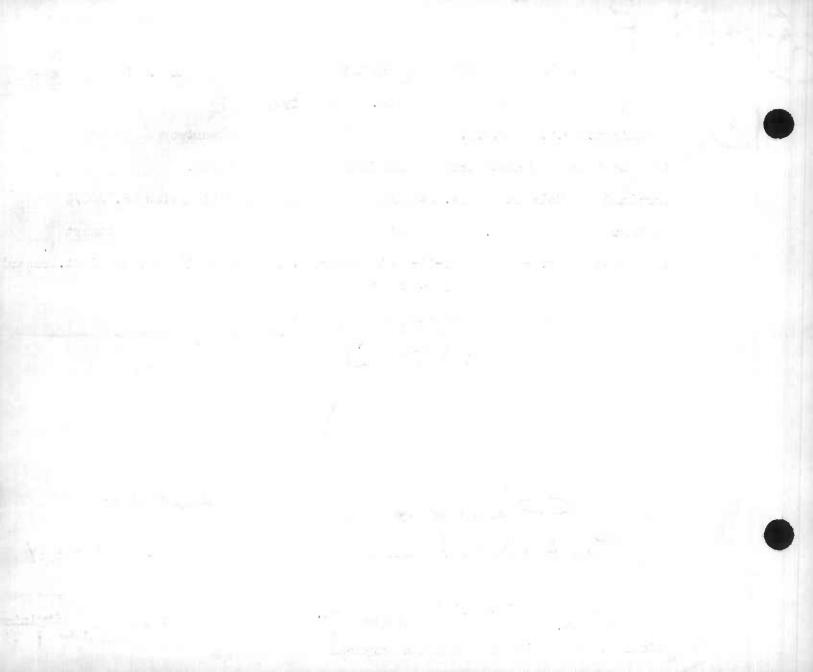
REG. NO 20 DATE OF DEATH MONTH 2b. HOUR 29 1984 AUG. 9:24pm 6. AGE [IN YEARS LAST BIRTHDAY] 1909 74 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Prince Georges County DIVORCED |

	ITY OR TOWN OF DEA	/1		HOSPITAL, NURSING HOME C HEACILITY, GIVE STREET ADDRESS) Grow Hospi		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Retired.		OR
3a . 5	AL RESIDENCE (IF NUMBER ALTRE DE L'ALTE L'AL	Calve		GIVE RESIDENCE BEFORE ADMISSION IS CITY OR TOWN St. Leonard	130. INSIDE CITY EIMITS?	Box3131Bay	ZIP CODE View Rd. 20675	
	ATHER'S NAME	MIDE	0.	Tingley	Jennie	AME	Stuart	
60 \	WAS DECEASED EVER	(IF YES GIVE W		166 SOCIAL SECURITY NO. 579-12-7761	17. INFORMANT Honora P.Tin	ADDR	Bayview Rd St.Leo	na
	AUSE OF DEATH	H (Enter only o 'AS CAUSED 8 IMMEDIATE C		CARDIAC CARRES	nest		APPROXIMATE INTERVAL BET WEEN ONSET AND DEA	TH
ATION	Conditions, if any, gove rise to imm cause 101, statin underlying cause PART 2 OTHER SIGN 198 DATE OF OPERA	nediate ig the last.	(b) DUE TO, OI (c) IDITIONS CO	RADIDITIERESPERALE OF PREUMONEACE OF PREUMONIE TO DEATH BUT	NOT RELATED TO THE TER/	7755 34n	206. IF YES, WERE FINDINGS USED	
CERTIFICATION	7)a ACCIDENT WAS UNE	DESIVING D	21b. TIME O	E IN II IDV	21c. HOW INJURY OCCUP	YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO	
MEDICAL C	OR CONTRIBUTING CIFE STATES OF CONTRIBUTING CIFE STATES OF CONTRIBUTING CIFE STATES OF CASE OF CONTRIBUTION CIFE STATES OF CASE OF CAS	CAUSE OF DEATH CALEXAMINER) RED	HOUR A. P. 21e. PLACE	M. MONTH DAY YEAR M. 19	211. LOCATION STREET	CITY OR TO		
(17) I certify that (I) saw the decease abave, (I) (we) (c	ed alive an	Augi	1st 29 1984 01	nd that in (my) (our) apinian	to Aug in death accurred on the d	ote and hour and from the causes stated	
	TISTIGNATURE TAN'S NA	AME (TYPE OR PR	381	laha	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STA	FF 29 AUG SY	L
?3a !	BURIAL, CREMATION,	REMOVAL	Sept	5.1984 Parlingto	Nat.	23d LOCATION CITY OR TOWN	Arlington Virgi	

DHMH - 16 50M 4/83 (VRA 15, 4)

24 TUNERAL DIRECTOR 20676 Donald V. Borgwardt Port Republic Maryland

Virginia



STATE OF MARYLAND

60	6	7	- 1	

	1 -	FOR STATE REGISTRAR	DEF		EALTH AND MENTAL TRY G ICATE OF DEATH	REG. N	0		
		CEASED NAME CHO	MIDDLE	To	OM	26. DATE OF DEATH	MONTH DAY	2-84 2:24A	1,
)	3. SE)	ale	Chinese V	5 DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF U	UNDER LYEAR OF UNDER 24 HRS	_
11		China	76 CITIZEN OF WHAT COUN	MARRIEI WIDOWE		PRINCE	Ger	Rges "	۸D
6	0	LINTON	11. NAME OF HOSPITAL, N GIF NOT IN SUCH FACILITY, GIVE DOUTNER N	STREET ADDRESS)	HOSPITAL	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST C Farmer - Re	OF WORKING LIFE)	12b. KIND OF BUSINESS O INDUSTRY Farming	R
36	130 S Ma	ryland Prince	other institution Give residence ITY George Ft. Wa	RTOWN		13. STREET ADDRESS 2008 Valle	ZIP CODE	20744 Dr.	
0		Но	WIDDIE Kan	1	15 MOTHER'S MAIDEN NA	WIDDLE		Sing	
1	16a V	VAS DECEASED EVER IN U.S. ARA (15, NO OR UNKNOWN) (1F YES, GIVE NO	E WAR OR DATES!	SECURITY NO.	Paulina Mah	2003 Tinke Ft. Wash:		Maryland	
		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIAT	ly one couse per line (10), (0) BY: E CAUSE (a)	diores	geratary O	crest	- 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	Н
		Conditions, if ony, which	DUE TO, OR AS A CON	SEQUENCE OF	oscular	acciden	t		
		cause (a), stating the underlying cause last.	DUE TO, OR AS A C	eneral	leiged ath	hoseler	sis		
	ATION	PART 2 OTHER SIGNIFICANT OF	196 CONDITION FOR W	2 - K	y perfect the THE TERM	AINAL DISEASE OR CON		VERE FINDINGS USED	
d	CERTIFICATION	71a ACCIDENT WAS UNDERLYING		THE TOTE KATTO	21c. HOW INJURY OCCUR	YES NO	IN CERTIFYIN	G CAUSES OF DEATH?	
9	MEDICAL C	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	H DAY YEAR	21f. LOCATION				
	ME	WHILE NOT WHILE 220.1 certify that (1) (this hospit	(AT HOME STREET, FACTORY, C	01	STREET	CITY OR TO	WN 10	COUNTY STATE	net
		saw the deceased alive an above, (1) (we) thirth (did not	8/2-1	19 84 or	nd that in (my) (acre) apinion	death accurred on the d	ate and have a	nd from the causes stated	
1		224 PHYSICIAN'S NAME (TYPE OF	maughy	MB	ATTENDING PHYSICIAN [DIRECTOR PHYSIC		8/25/84	1
	23a. E	R. Mc CON	N ALA 1236 DATE	MD 23c. NAME OF C	56208T. BA	IR NABAR R	d. Mae	Low Hote M	
5		Burial	8/25/84		Hill Cemetery	Suitlan		The state of the s	
3		orge P. Kalas F	uneral Home	ORE SS	man Hill Real	7 1984 Julia	Davidson	RISSIGNATURE	

DHMH - 16 50M 4/8: (VRA 15, 4)

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dreds			and A	PATER
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			-	
		Hill Gemetery Cxon Hill Hd.	6160	lurial
i distribution	17.7	Hill, Md.	meral Fome (xon	George P. Kalas Mi

		FOR STAT REGI	E STRAR			DEPART	MENT OF H	OF MARYL EALTH AND ICATE OF	MENTAL HYG	IEÑÊ	2 2 REG. NO.	9	8	4
* 25		DECEASE	1)	trude		MIDDLE A.		cker		20. DATE OF	DEATH MON	TH DAY	84	26. HOUR
	Ì	3. SEX			4. RACE		S. DATE C	F BIRTH	1395	6 AGE (IN YE	ARS LAST BIRTHDAY	MON	INDER TYEAR	F UNDER 24 HRS
de (all)	1			R FOREIGN 1	Whi	WHAT COUNTRY?	MARRIE	D NEVER	MARRIED .	0.00	ecity or co	DUNTY OF		+ 37
of the full	0	IO. CITY OR	TOWN OF DE		11. NAME OF (# NOT IN SUC	HOSPITAL, NURSING FACILITY, GIVE STREET				12a USUAL C	CCUPATION FOR MOST OF WO		126 KIND C	OF BUSINESS O
thin 24 hourship filled in should be	18	USUAL RES 130. STATE .Maryl		13b COUN P.G.	OTHER INSTITUTION TY	GIVE RESIDENCE BEFOR 13c. CITY OR TOW Hyattsy	VN	13d. INSIDE	EITY LIMITS?	13e STREET A				
wit with a special of 2	14	14. FATHER	S NAME FIRST uke	٨	AIDDLE	Allen			S MAIDEN NA FIRST	ME	A.	J)avis	ST.
n and comp Pages 1 or	/		ECEASED EVE OR UNKNOWN)		MED FORCES? WAR OR DATES!	213-74-		17 INFORM	ta Pey	on(Dau	address ghter)	Sam	e as	13e
ding physicic broonpopers or remaval.		18 CA	AUSE OF DEA	WAS CAUSED	BY: E CAUSE (o)	r line for (a), (b), ar	OVAK		CAI				BETWEEN	ONSET AND DEATH
to the death ce by the ottendin se remove corb , cremotion, ar i		gove	ditions, if on e rise to in e (a), stat erlying cou	nmediate ing the	(b)_	R AS A CONSEQU		-	W.					
signed hen plec ta buriol	ĺ		2 OTHER SIC	SNIFICANT C	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE	OR CONDITIO	ON GIVEN	IN PART 1	0
he law re- on. hos been t permit. T ene prior	1	CERTIFICATION 130 D. 130 D. 130 D.	ATE OF OPER	ATION	1% COND	ITION FOR WHICH	OPERATIO	N WAS PERF	DRMED	20a AUTO			G CAUSE	NGS USED S OF DEATH?
inclan Tigo physicial physicial control by girle in 18 shotter in 18 sho	9		CCIDENT WAS UID ONTRIBUTING	CAUSE OF DEAT	H	DF INJURY M. MONTH D M	AY YEAR	21c HOW II	NJURY OCCUR	RED (ENTERNAT	URE OF INJURY IN	TEM 18 PART	I OR PART 2}	
tendin tendin the bur the bur	1	#	NJURY OCCU		218 PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE,	FARM ETC)	211 LOCAT			CITY OR TOWN		COUNTY	STATE

22a. I certify that (I) (this hospital) attended the deceased from sow the deceased alive on \$-2.9-\$419. 226. SIGNATURE 22d. PHYSICIAN'S NAME RYPE OR PRINT)

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c DATE SIGNED

Roger B. Ingham

22e. ADDRESS

5701 85th Ave., New Carrollton, Md.

and that in (my) (aur) apinion death accurred on the date and have and from the causes stated

23s BURIAL, CREMATION, REMOVAL (SPECIFY) Burial Sept.4,1984

236. DATE

23c. NAME OF CEMETERY OR CREMATORY Pine Grove Cemetery

DEGREE

23d LOCATION

COUNTY STATE Cumberland

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: Afte

IMPORTANT: If Hem 21 is mork should be detached for use as with the State Dept. of Health

> 74 Trancis Gasch's Sons Funeral Home P.A

4739 Baltimore Ave.

Maine

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lı.	FOR STATE				MENT OF		AND MEI	NTÅL HY			2	ý.	1	5	
	REGISTRAR		ME		EXAMIN			ATE OF	F DEAT	TH	REG.	NO.		N. L.	-
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_		ALBE				TURN		Jr.			MATED	□ 8	04	19 84	7.1
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13g	laryland	136. COU	OR OTHER INSTITUTION, G NTY O.G.	13c. CITY	DEFORE ADMISSION OR TOWN	13	INSIDE CITY		13e. STREE		ss Aver	nue	20.	74	3
14.	FATHER'S NAME		MIDDLE		LAST	15	FIRS	ST MAIDEN			MODLE			LAST	
160	WAS DECEASE	Turner D EVER IN U.S. AI	RMED FORCES?	16b. SOC	IAL SECURIT	'NO. 17	Marg	aret_	Scal.	es	ADDRE	SS TIAL	hts.	Ma	
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3	19a. DATE OF	OPERATION	19b. CONDI	TION FOR	WHICH OPER	ATION WAS	PERFORM	VED?					20	AUTOPSY	?
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MEDICAL CE	CONTRIBUTI	AL CAUSE WAS OR NG CAUSE OF DCCURRED	DEATH P.A.	A. MONTH		21f. LOCA	TION	OCCURRED				18 PART I C			
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	Burial		8/9/84		rmony		al Pa	ark		dove				rylan	d
11.	FUNERAL DIRECT	FINERAL.	HOME 42	17 9t	h Stre	et, N.	. W. 25	O DATE RE	-					ATURE	

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FOR DEPARTMENT OF HEALTH AND MENTAL MYGIENS - STATE CERTIFICATE OF DEATH REGISTRAR

1. DECEASED NAME

(TYPE OR PRINT)

20 DATE OF DEATH

STATE OF MARYLAND

LAST

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE COMP

12h KIND OF BUSINESS OR INDUSTRY RETIRED

MONTH

REG. NO

5804 ATHENE ST.

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO I

2b. HOUR

SCOTT

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER 24 HRS

IF UNDER LYFAR

22c DATE SIGNED

8/30/84

MARYLAND

DHMH - 16 50M 4/83

24 FUNERAL DIRECTOR

J.B. JENKINS FUNERAL HOME 7474 LANDOVER RD



225 Missouri Ave., N.W. Wash., D.C. 20011

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

- STATE

(VRA 15, 4)

REGISTRAR

TOTAL AND THE STATE OF THE STAT

STATE OF MARYLAND

FOR

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completely filled in lay

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE OF DE	ATH	R	EG. NO.				
	CEASED NAME	FIRS!		MIDDLE	l.	AS1		20. DATE OF DE		DAY YE	AR 21	HOUF	?
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]	Female		White	2	Jul		906		78 YRS			looks	IVIII V.
	RTHPLACE ISTATE OF	FOREIGN	Th CITIZEN OF	WHAT COUNTRY	Y? 8.	NEVER M.	ARRIED 🗆	9. BALTIMORE			H.	23	3773
	shington	, DC	USA		WIDOWE		ORCED	PRINCE	GEORGE'	S COUN	TY		MD.
CI	TY OR TOWN OF DE	ATH		HOSPITAL, NURS		R OTHER INSTI	NOITUT	120 USUAL OCC	MOST OF WORKING			BUSINE	SSOR
C	LINTON			N MARYLA	IND HOS	PITAL C	ENTER	Admin.	. Assi	st. S	t.	Eli	zab
3a. 5	al résidence (# NUF STATE aryland	13b. COUN Pr	TY	136. CITY OR TO		13d INSIDE CIT	Y LIMITS?	13e STREET ADD	RESS / ZIP CO		ve	20	748
I FA	William		T .	Harr	ison	15 MOTHER'S	RST		DDIE	T	LAST NOM	as	
So V	VAS DECEASED EVEL YES NO OR UNKNOWN)		MED FORCES?	166. SOCIAL SE		17. INFORMAN		Martin	ADDRESS 8311	Ogle	tho	rpe	St
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I F								YES NO	D IN CER	YES [NO []
EDICAL CER	210. ACCIDENT WAS UP OR CONTRIBUTING [] (IF EITHER, NOTIFY MED 21d. INJURY OCCUI	CAUSE OF DEA		M. MONTH	DAY YEAR	21c. HOW INJ		ED (ENIER NATURE	OF INJURY IN ITEM 1	8 PART I OR PAR	1 2)		
ME	WHILE NOT W	VHIIE		REET, FACTORY, OFFIC	E, FARM, ETC)	STREET		CI	TY OR TOWN	COUNT	1	51	ATE
	228.1 certify that (" sow the decea above, (1) (we) 22b. SIGNATURE	f) (this hospi	tol) (tended the	119	07.01	DEGREE	, 19 13 our) opinion d	eath occurred or	of Staff				
	224 PHYSICIANIST		RPRINTY RO	BB 1	w		HYSICIAN Z	disa		Herry	Fu	J.	m
	BURIAL, CREMATION	, REMOVAL	23b. DATE			EMETERY OR CI		23d. LOCATIO		d contract	7	45	đ
	Burial		18-8-8	34 IC	edar	HILL C	emetei	cv Su	iitland	1 PC	3	[V]	id

ADDRESS Suitland, Md

BP DHMH - 16 50M 4/83

(VRA 15, 4)

should be detached for use as the burial-transit permit. Then please remove corban page with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal

IMPORTANT If Hem 21 is marked on

24 FUNERAL DIRECTOR E. Wilhelm Funeral Home

TO FUNERAL DIRECTOR. After this certificate has been signed by the

TO HOSPITAL OR ATTENDING retoined by the hospital ar off

injury, or ather traum

Printer and the state of the st the 2 the latter than the transfer of the latter than the latt Blandenous Date 1 128 It FT 18 with the extraction of the A THE REST OF LINE AND THE PARTY OF THE PARTY malinal most rest necessary of the City of which a wall Dr busines god but Brown

Devel Funeral Home 2222 Wisc Ave. 100

Washington D.C.

- STATE

HMH 16 50M 4782 (VRA 15, 4)

REGISTRAR

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 20. DATE OF DEATH 2b. HOUR 1984 14 Aug. & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 9. BALTIMORE CITY OR COUNTY OF DEATH Prince George 12a, USUAL OCCUPATION 12h, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Owner-Resturant Food Service 2909 Cathedrak Ave. N. W. Same as #10 APPROXIMATE INTERVAL 9 Months 14 Months 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death occurred an the date and have and from the causes stated 22c. DAYE SIGNED Wash, D.C. STATE Silver Springs Mont

PERSONAL PROPERTY OF THE PROPE

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Xon	N 4 2 0	1. DECEASED NAM (TYPE OR PRINT)	CARMEN	LOUIS	Louis	VARGA		2a. DA	TE KNOWN		DAY YEAR 84	2b. HOUR
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-	DELAY IS N 10 THE FL N PAGE 5 BE FILED.	Chever	OF DEATH	11. NAME OF HOS	PITAL, NURSING HOMELITY, GIVE STREET ADDRESS GOTGES GOTTES	e, or other inst		12a USUAL OC		YPE OF WORK 126	KIND OF BU OR INDUSTR Rest/F	SINESS
0, 21201	IF ANY DE 2, AND 3 TO 3. RETAIN SHOULD BARECO E	13a. STATE	Ch	arles	Nanjemo	DY YES	□ NO [X]		Del.	Zip:	20662	
ORE, MC	DEATH.	Emili	0	N .	Vargas	1	other's maider Angelir		MIDDLE M.		puto	
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, 201 W. PRESTON ST., BALTIMORE, MD.	CATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF A TEWORD." PENCIL IN ITEM 18. GIVE PAGES 1, 2, A THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. R. ALD BE USED AS A BURIAL. PRANSIT PERMIT. PAGES TAND 2 SPR MATT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH A TO BURIAL, CREMATION, OR REMOVAL.	18 CAUSE (PART I D Candition gave r cause (c lying ca	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PARTI DEATH WAS CAUSED BY: IMMEDIATE CAUSE (MULTIPLE INJURIES WITH COMPLICATIONS DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-lying cause lost. (c)									
DIVISION OF VITAL RECORDS.	OULD BE EXECTOR OF PENDING! THE MEDICAL SED AS A BUT A F HEALTH AN AL, CREMAT	PART 2 OTHER S	FOPERATION		IUT NOT RELATED TO THE TER			T 1 (a)			20 AUTOPSY?	
ON OF VIT	MNER: THIS CERTIFICATE SHOULD B FICATE, WRITING THE WORD "PEN RE CORWARDED TO THE CHIEF ME CTOR: PAGE 3 SHOULD BE USED AS ATHE STATE DEPARTMENT OF HEALLAND, 21201 PRIOR TO BUNIAL, CRUMO, 21201 PRIOR TO BUNIAL, CRUMO, 21201	210. EXTERN UNDERLYIN CONTRIBUT	AL CAUSE WAS G OR ING CAUSE OF	21b. TIME OF HOUR A.M. DEATH 226.M.	INJURY MONTH DAY YEA Company MONTH DAY MONTH	Pass	URY OCCURRED	CAN AC	OF INJURY IN ITEM	BPART I OR PART 2	YES 🗆	NO VI
DIVISI	THIS CERT WARDED PAGE 3 SH 31201 PRI	UNDERLYIN CONTRIBUT 21d. INJURY WHILE AT WORK	OCCURRED NOT WHILE AT WORK	STREET, ACT	OF INJURY (AT HOME, ORY, FARM, ETC.)	P. C. STREET	Port 7	Вваси	er Che	Wes Count	ty h	W.d.
	TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDEE TO FUNERAL DIRECTOR: PAGE 3 AFIER DEATH, WITHATHE STATE DE BALTIMORE, MARKIANO, 21201 P	220 I cert death resul		e al the remains description of the remains described on the re	Accident , S		, Inspection amicide	Undetermined		and in my apını		
	EDICAL EDITE THE CITY A SHOUL DEATH, VIONE, MORE, MV	ACTUAL SIGNATURE	Osuge NAME	als fol	odyug	M.D.Dep	outy	MEDICAL EX			8-23	/
	TO MEETER PAGE AFTER BATTER	(TYPE OR PR	ATION, REMOVAL I		23c. NAME OF CE	M.D. ADDRES		23d LOCATIO				
	BP	(SPECIFY)	rial	8-28-84	Maryla	nd Vets	. Cem.	Chel t	enham	P.G.	Mary	land_
	DHMH - 17 (VR A15 ME (5))	NAME		1 Home,	Inc. La F	lata.Ma			wie Davi	don-Rand	LOCA S	

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED 8 29 19 84 Helga Brynhilde Volz 4. RACE S DATE OF BIRTH IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY) PRONOUNCED 1938 14. DEAD Female White Dec. 30.1984 76. CITIZEN OF WHAT COUNTRY? **9. BALTIMORE CITY OR COUNTY OF DEATH** TO BIRTHPLACE (STATE OR MARRIED TO NEVER MARRIED FOREIGN COUNTRY! WIDOWED DIVORCED Prince George's County, Germany M. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL WING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACIFIED STEET ADDRESS) FOR MOST OF WORKING LIFE! OR INDUSTRY 15611 Possie Lane Bowie SUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONA 20715 30 STATE 136. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 15611 Passaie Lane Pr George's NO [Maryland Bowie 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Johannes Scharf Brunhilde Hoyer 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 15611 Passaie Lane 143-40-7180 Joseph Volz Bowie. Maryland 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Acute bronchopneumonia complicating drug overdose IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? EDEPARTMENT OF HE PEPARTMENT OF HE PEPARTMENT OF HE 20 AUTOPSY? YES XX NO 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING E OR ingested drugs CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f LOCATION Passale AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) Posste Lane Bowie. P. G. Co., Md. PAGE 4 SHOULD BE FLANT TO FUNERAL DIRECTOR: PI AFTER DEATH, WITH THE ST Autopsy K 220 I certify that I took charge of the remains described above, held on Inspection and in my opinion Homicide ___ Undetermined manner death resulted from: Accident TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 8/31/84 EXAMINER'S NAME Gregory R. Kauffman, M.D. DDRESS 111 Penn St. Balto, M.D. 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION eltenham COUNTY Burial Sept 4, 1984 Maryland Veterans Cem. Prince George's, Maryland 24 FUNERAL DIRECTOR kalla factores 16000 Annapolis Rd. - - waydon- Handale SEP Beall Funeral Home Bowie, Maryland 20715 (VR A15 ME (5))

STATE OF MARYLAND

Items 18-22a 11/1/84 mtb F#597

20M 4/82

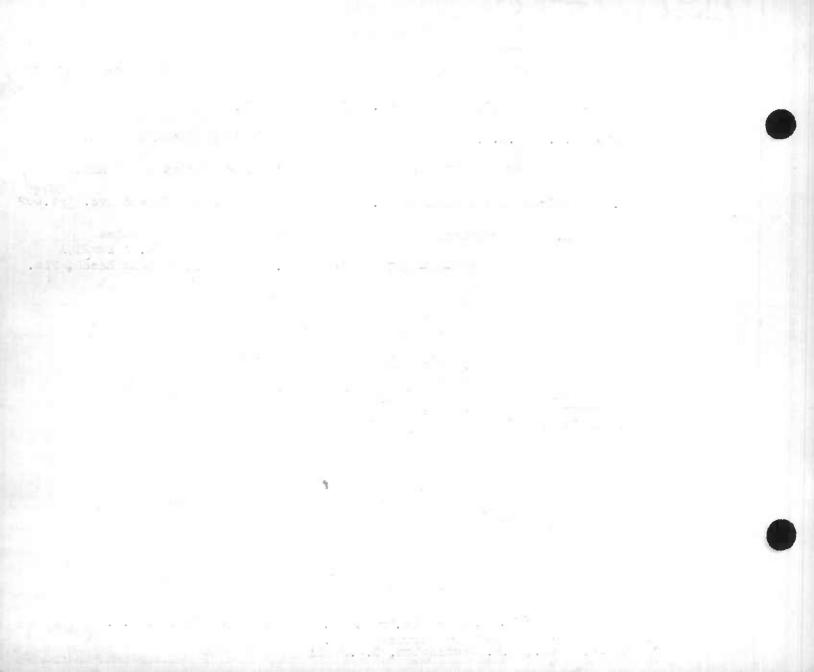
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Carlel (1984), LeV Mrmylnud (1982) and Car. arings Dearen's, Naryland
A translation of the Carle (1984) and Advance (1984) and Advanc

	STATE REGISTRAR		ME		CAMINER'S	CERTIFICATE		REG. NO.		
	ECEASED NAME YPE OR PRINT)	Willi	e (N	·W·I·)	V	rade	OF	ESTI- MATED X Aug		25 HOUR
3. S	EX	4. RACE	5. DATE OF BIRTH	YEAR		UNDER I YR. IF UND	DER 24 HRS. 2c. DATE MIN PRONOUN		DAY YEAR	10:40
	lale	White	April 7,	1904	80 YRS.		DEAD	Sept.	2 19 84	A. M
	BIRTHPLACE (ST FOREIGN COUNTRY)	ATE OR	76. CITIZEN OF W	HAT COUNTE	MAI	RRIED NEVER MA	RRIED 🔲	THE CHIT OR COU	NIT OF DEATH	
	England		U.S.A				RCED Prine	e George		MD.
10	CITY OR TOWN	OF DEATH		SPITAL, NURS ACKITY, GIVE STRE		THER INSTITUTION	FOR MOST OF WORK	ING LIFE)	OR INDUSTR	Υ
	Greenbe			idge R			Gardner,	Retired	Self Emp	loyed
	JAL RESIDENCE STATE	IF IN NURSING HOME	OR OTHER INSTITUTION, O	13c. CITY C	FORE ADMISSION)	13d. INSIDE CITY EIMITS				
	aryland		Geo.	Gree	nbelt	YES X NO	□ 15-B Rid	ge Road	20770	
14	FATHER'S NAME		MIDDLE	LA	51	15. MOTHER'S MA	IDEN NAME	DDLE	LAST	
	Harry		M.I.)	Wa		Unk	nown			
160	WAS DECEASED	EVER IN U.S. AR	MED FORCES?	16b. SOCIA	L SECURITY NO.	17. INFORMANT		ADDRESS 179	24 Archwo	od
	No	, , , , , , , , ,		100-	24-3113	Mr. Andr	ew Wade Wa:	olney.	Maryland	
	18 CAUSE O	F DEATH (Enter or	nly one cause per lin	e for (o), (b), o	and (c).)				APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
	PARTIDE	ATH WAS CAUSE	ED BY: ATE CAUSE (0)A	cute M	rocardial	Disease				
			DUE TO, O	R AS A CONS	EOUENCE OF					
		ns, if any, which	(b) C	hronic	Myocardi	al Disease	and Emphys	emia	Years	5
	couse (o)	stoting the under		R AS A CONS	EQUENCE OF					
	lying cou	se lost.	(c)							
	PART 2 OTHER SIG	GNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	BUT NOT RELATE	D TO THE TERMINAL DIS	EASE DR CONDITION GIVEN I	N PART 1 (a).			
Z	None	e								
	19a. DATE OF	OPERATION	196. COND	ITION FOR W	HICH OPERATION	WAS PERFORMED?			20 AUTOPSY?	
Jan.	Non	9							YES 🗆	NO K
CEPTIFICATION	210 EXTERNA	L CAUSE WAS	21b. TIME C			HOW INJURY OCCU	RRED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART 1 OR	PART 2)	LE Y
		OR NG CAUSE OF	DEATH P.	M. MONTH (DAY YEAR					
MEDICAL	21d. INJURY C		21e. PLACE	OF INJURY	(AT HOME, 21f	LOCATION				
1	WHILE AT WORK	NOT WHILE	STREET, FA	CTORY, FARM, ETC	100	STREET	CITY OR TO	/N	COUNTY	STATE
1		*	ge of the remains d	1			ctian , Inquiry	Ond in my	opinion	
1	death result	ed from: Natu	urol causes X,	Accident	, Suicide L	The state of the s	Undetermined ma	nner .		
	ACTUAL	1	00	10		TITLE (SPECIFY		DAT	E 9-3-19	94
4)	SIGNATURE.	115	the state of	1	merce	M.D. Deputy	MEDICAL EXAM	INER SIG	AED 3-9-19	0.4
X	EXAMINER'S	NAME -	C Decre	- W N		101	O Cominance	04 041	Com Man	arland.
1	(TYPE OR PRI	(IV) JOHN	S. Roger				9 Seminary	nue, SII.	Spr. Mar	ylano
-				22- 11/	LAT OF CEALETEDY	OR CREMATORY	123d. LOCATION			
230	BURIAL, CREMA	TION, REMOVAL		2 -			23d. LOCATION CITY OR TOWN			ATE
li	(SPECIFY)		9-5-1984	2 -		Cemetery	Brentwo	od, Pr. G	eo., Mary	
24	Surial FUNERAL DIRECT	TOR	9-5-1984	Ft.	Lincoln	Cemetery 25a. DA	Brentwo	od, Pr. G	eo. Mary	
24	Surial FUNERAL DIRECT	TOR	9-5-1984	Ft.	Lincoln	Cemetery	Brentwo	od, Pr. G	eo. Mary	

PARE - SPLX (C.M.T.) SHAME (C.M.T.) STATE 8 .3112 rate and the state of the state APRIL Destad beat eship ti-ti layelest tink healtest rankrul dendered by the land the tentered Specifical scars of the second mentance promise and the second of the secon Tuentic Programling Circus and Conference to Commit BRRIATALY. THE SHOP OF THE PERSONAL Hundraud, .ees .us .incertees rentreed . F- ; Med-Tau Property come, P. S. J. Protinct 19, Correland Diego, Denter 19 Contract of the property I have the work

STATE OF MARYLAND



_	1.	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL MY CERTIFICATE OF DEATH	GIENE 2	2 9	21	
1 75		CEASED NAME FIRST EVI	A B.	WASHINGTON	26. DATE OF DEATH	08 25	YEAR 84	26. HOUR 10 25Am
	3. SE	×	4. RACE	5. DATE OF BIRTH MONTH, DAY YEAR	6. AGE (IN YEARS LAST BIRT	HDAY) IF UN	HS DAYS	IF UNDER 24 HRS
	7. 0	Female RTHPLACE (STATE OR FOREIGN	Black 76. CITIZEN OF WHAT COUNT	9-10-1892/	91 9. BALTIMORE CITY O	YRS.	DEATH	
		Maryland	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	DOTNICE CEO	-		MD.
4 19 14		TY OR TOWN OF DEATH	PGG HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION THE AND MEDICAL MENTER	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		26. KIND O NDUSTRY	F BUSINESS OR
d within 24 hours splerely filled in t and 2 should be to positive must be q	M	AL RESIDENCE (IF NURSING HOMEO STATE 136 COU Aryland Pr	George Fairm	ONT HOTE YES NO THE TENTE NO TH	130. STREET ADDRESS 1105 60	Oth Ave	2 LAS	0743
and the second				gton Anna SECURITY NO. 17. INFORMANT	ADDRE	^{\$\$} 6014 F	Gray	n Drive,
be en			one 579-4	4-0485 Mr Henry Wa	shington(Cou			
gred by the attern in place remove c burial, cementary, vy, or other troum		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSI (b) DUE TO, OR AS A CONSI (c) CONDITIONS CONTRIBUTING	7/22 /01	MINAL DISEASE OR CON	DITION GIVEN I	N PART 100	2'
he low region to permit the man prior to	TIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WE	HICH OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WI IN CERTIFYING YES	ERE FINDING CAUSES	IGS USED OF DEATH?
CLAN. TI p physics entitions solvening mm 18 th	CAL CER	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)	
offerdin her the o a the bur hand Me	MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE FARM ETC) 21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
A ATTENDIR hospital or MECTOR A MECTOR	100	saw the deceased alive a	oital) attended the deceased from the body after death.	DEGREE , ond that in (my) (our) opinion			from the	SIGNED
HOSPITAL COUNCES by the STUNERAL DOUBLE detaction the the Store DOUBLE PORTANT. IF	-	22d PHYSICIAN'S NAME (TYPE	OLAVE	224 ADDRESS	MEDICAL STAF			25.84
9 1 24 1 2		DRIM, CREMATION, REMOVA-	1 23b. DATE 9-1-1984	236 NAME OF CEMETERY OR CREMATORY	23d, LOCATION CITY OR TOWN	14 P 6	DUNTY	Mastate
DHMH - 16 50M 4/82 (VRA 15, 4)	24. F	S. Washing to.	M Bunnon		HO 5	A CONTRACTOR OF THE PARTY OF TH	SIGNAT	URE

TOT DEPOSIT OF TOTAL TT . C3 . 5

1 1	1 DEC	EASED NAME FIRST		MIDDLE	L	AST	20. DATE OF DEATH		EAR 2b. HOUR
		OR PRINT) RALE			ATKINS		08	04 84	1:04 am
(A)	1 SEX	ALE	4. RACE CAUCAS	IAN	S. DATE C	31,1896 YEAR	6. AGE JIN YEARS LAST BIR		TYEAR IF UNDER 24 HRS DAYS HOURS MIN.
0 1 1 30		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF UNITED	WHAT COUNTRY STATES	? 8 MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9. BALTIMORE CITY O PRINCE G	RCOUNTY OF DEA	
86	10 CH	CLINTON				PITAL CENTER	ECONOMIST -		IND OF BUSINESS OR ISTRY TAL ENGINEE
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		LERNONT CAL	E OR OTHER INSTITUTION LEDONIA	GIVE RESIDENCE BEFO	DRE ADMISSION)	13d. INSIDE CITY LIMITS?	130 JOE ASORES	OK HILL R	D. 9999
The spirit	14 FA	THER'S NAME CALVERT	WIDDLE	WATKIÑS		is. mother's maiden na MÄRTHA	WIDDLE	SMITH	LAST
madical		AS DECEASED EVER IN U.S. NO OR UNKNOWN) Yes	ARMED FORCES?	054 22		CALVERT WATE	ADDRE		ridge, Mass
T. BALL		18 CAUSE OF DEATH (Enter PART 1. DEATH WAS CAU	only one couse pe USED BY: HATE CAUSE (a)	r line for (a), (b), a	Card	in and	9	BET	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
W. PRESTON S For the death cer by the intending one vertore corbo I, cramefolic or re other traumatic a		Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last	DUE 10, C	DR AS A CONSEOU		any an	5 Vio	-4	ypen
quires y quires to her ple to burio njury, or	NO	PART 2 OTHER SIGNIFICAN	IT CONDITIONS C	ONTRIBUTING TO	AINAL DISEASE OR CON	DITION GIVEN IN PA	ART Ito		
he is on. hos bern cere pre	CERTIFICATION	190 DATE OF OPERATION	196 COND	DITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FIN CERTIFYING CA	FINDINGS USED AUSES OF DEATH? NO []
OF VITA ICIAN: T g physici entificate vol-transi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	OF INJURY ,,M. MONTH [.M.	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART T OR PA	ART 2)
DIVISION OF VIT	MEDICAL	214 INJURY OCCURRED WHILE ONT WHILE OF AT WORK		OF INJURY IRFET, FACTORY, OFFICE	FARM, ETC)	211 LOCATION STREET	CITY OR TO	NNO COUN	NTY STATE
ATTENDIN spital or CTOR: Af for use of Healt		220 I certify that (I) (this had saw the deceared alive		- 3 19	39. 5	ud that in Imyl (aur) opinion	death accurred an the d		
AL OR A the ho Al the horder detached ate Dept.		77h. SIGNATURE	1	106	/		MEDICAL STA		S 4 - 87
TO HOSPITA etoined by TO FUNERA should be de with the State with t		DANIEL HO	WELL, M.	D.		CHARLES PROF	ISSIONAL CE	NTER, WALL	DORF MD
99999		URLA PEMATION, REMOV				COS" CEMETERY		COS, HAYS	
DHMH - 16 50M 4/83 (VRA 15, 4)	24 FU	NERAL DIRECTOR IVES- NAME ARI	PEASRON INGTON,	FUNERAL VA. 2220	HOMES	250 DA	TE REC'D. BY REGISTRAR	Lilia David	GNATHENDER

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

#16a,FilmG595 9/6/84 kam STATE OF MARYLAND

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18	B)		REGISTRAR CEASED NAME	FIRST	74124	WIDDIE	EXAMINE	. 7 3 C	AST	AILOI		DATE I	REG. N		d DAY	YEAR	26 HOUR
1			E OR PRINT)	Ronni	0	Gerar	d		Wells		"	OF DEATH	ESII-	□ 8			20 HOOK
	SEET SEET	3 SE)	4	4 RACE	5. DATE OF BIRTH	CLUI	6. AGE (IN YEAR			IF UNDER 24	4 HRS. 20		MAILU	MONTH	DAY.	19 84 YEAR	2d-HOUR
	DIRECTOR FOR THE POINT FOR THE	Ma :		Black	11/8/51	YEAR	32 YRS	HTMOM (RONOUN	CED	8	10	19 84	1:40A
1	IS NECESSARY, PEAR EFUNERAL DIRECTOR E 5 FOR YOUR THIS ID, WITHIN 72 HOURS I W, PRESTON STREET,	70 B	RTHPLACE (ST PREIGN COUNTRY)	ATE OR	USA	IAT COUN	ITRY?	MARRIE		ER MARRIED				or coun			, MD.
	FESES //		TY OR TOWN O	ly	11. NAME OF HOS (IF NOT IN SUCH FAI Prince	Georg	reet address) ge's Ger	neral			Silv	occup ost of work er Si	ATION (T	ype of work	12b. KINI OR I	D OF BUS	INESS
21201	AND 3 TANY DI AND 3 TAND 3 TAN		TATE M.D.	18 COUN PG	DR OTHER INSTITUTION, GIVINY	13c. CITY	BEFORE ADMISSION OR TOWN aryland		13d. INSIDE CIT	TY LIMITS?	815	Thaye	ss er Av	enue,	, ss	Mary!	land
A C	PM 3. PM 3. ND 2 S		ATHER'S NAME FIRST		MIDDLE We]	15	LAST		FIF	R'S MAIDEN RST Helen	NAME		DDLE	vells	L	AST	
O S	NO N	16a \	WAS DECEASED	EVER IN U.S. AR	MED FORCES?	-	CIAL SECURITY	NO.	17. INFORM		-		ADDRE:				
NA LTI	S AFTE GIVE F ITH FC PAGE: VISIO		ES, NO, OR UNKNO		WAR OR DATES)	1	68 959	6	Marie	е	Turr	enti	ne	Well			
15	MA 18. RAMIT. I.N.E., DI		18 CAUSE OF	ATH WAS CAUSE	lly one cause per line D BY: TE CAUSE (a) MU), ond (c).) le inju	cies							BETWE	PROXIMATE I	AND DEATH
600	AND SA ALONSIT PE HYGIE	7	8/2 Condition	os, if any, which		AS A CON	ISEQUENCE O	F									
DIVINION OF VITAL PECOPIC 201 W PRECTON ST. RALTIMORE MD. 21201	FIG. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELA ATE, WRITING THE WORD."FENDING." IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO ORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PM. PR. PAGES 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE IS STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL/RECORDS, VID. 21 VOI. PROBVIAL, CREMATION, OR REMOVAL.			e to immediate stating the <u>under-</u> se last.		AS A CON	SEQUENCE O	F									
90	BE EXECUTED IN THE PROPERTY OF	NOI	PART 2 OTHER SIG	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	RUT NOT RELA	ATEO TO THE TERMIN	IAL OISEASE	OR CONDITION	GIVEN IN PART	1 (0)						86
4	HOULD SRD "PE CHIEF A CHEF A SRD / OF HE JRIAL, C	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR	WHICH OPERA	TION W	AS PERFORA	MED?						UTOPSY?	мо 🗆
2	WENTES WENTES WENTES	1 2		L CAUSE WAS	215 TIME OF HOUR A.M		DAY YEAR	21c HO	W INJURY	OCCURRED	(ENTER NA	TURE OF INJU	URY IN ITEM	IB PART I OR F	PART 2)		
7	SET OF THE	3	UNDERLYING CONTRIBUTIN	OR NG CAUSE OF	h 0 = 3		10 1984	Dri	ver i	n auto	o/aut	to im	pact				
	VER: THIS CERT CATE, WRITING FORWARDED 1 OR: PAGE 3 SI- THE STATE DEPAIND 21201 PRI	MEDICAL	21d INJURY O WHILE AT WORK		21e PLACE C STREET, FACT S		TC.)	\$1	reet erdale	Rd ni	r. Mu	city or tow ustan	g Dr	,Rive	ouniv	∍,P.G	MD.
	EXAMINER: TO CERTIFICATE, VULD BE FORW L DIRECTOR: P. 4, WITH THE ST. MARYLAND 2			y that I taak charg	ge of the remains des	Accident	T	Autaps	y X Homici	Inspection		Inquiry		and in my o	opinion		
7	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATION PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE: BALTIMORE, MARYLAND		ACTUAL SIGNATURE	10Em	isrkh	ugh	hno	<u></u>	TITLE (SP	stant	MEDIC	AL EXAM	INER	DATE SIGN	E 8/	/10/8	4
	MEDIC ECUTETI GE 4 SH FUNER TER DEA		EXAMINER'S (TYPE OR PRIN		Denois F.	Shryt	h, M.D		DDRESS_	111	l Per	nn St	. B	alto.	,MD.		
	5X 4 5 4 8	23a.B	URIAL, CREMAT	TION, REMOVAL	736 DATE	23c.	NAME OF CEM	ETERY OF	CREMATO	RY	23d. LOC	ATION		co	YTAUC	STA	TE
	BP		Buria		8/14/84	Ft	Linco	In C	emeter	rv	Bla	dens	burg,	Mar	yland		
-40,	DHMH - 17		NAME		ADDRESS	45			12	AUG 1	C'D. BY R	REGISTRAI	R 256 RE	GISTRAR'S	SIGNATU		PH.
	(VR A15 ME (5)) 20M 4/B2	يني ا	nnson	& Jenkin	s 716 Keni	nedy	St, N.h	•		AUG I	1 / 1	984		WWW dese	m-yan	rdell.	

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL TYGIENE CERTIFICATE OF DEATH

	REGISTRAR								REG. N	10.		
	CEASED NAME	FIRST	٨	AIDDLE	i i	AST		20. DATE	OF DEATH	MONTH	DAY YEAR	26 HOUR
		mary	1	Н.	WEI	NKAM				8/8/8	34	10:39a
3. SE	X	7.00	4. RACE	THE LINES	5. DATE C		WEAD	6. AGE (1	N YEARS LAST BI	RTHDAY)	MONTHS DAY	
F	emale		Caucas	sian	May		1920	1000	64	YRS.	MONING	3 HOURS MIN.
	SIRTHPLACE (STATE O	R FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AA A D D IE	NEVE	R MARRIED	9. BALTIN	ORE CITY	OR COUNT	Y OF DEATH	
	Iontana			States	WIDOWE	D	DIVORCED [PRI	NCE G	EORGE '	S COUN	JTY M
10 C	ITY OR TOWN OF D	EATH		HOSPITAL, NURSIN		OR OTHER I	NSTITUTION		ORK FOR MOST			OF BUSINESS OF
	CLINTON			RN MARYLA		SPITA	L		sewif			Home
USU 13g	STATE	RSING HOME OF	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION)	1134 INSID	E CITY LIMITS?	113e STREE	T ADDRESS	/ ZIP COD	F	
	laryland		George		ring		NO 🗌				Drive	20748
14. F.	ATHER'S NAME		WIDDIE	LAST		15. MOTH	R'S MAIDEN N	IAME	MIDDLE			I A S T
W	allace	M	arine	Fergu	son	M	argare	t G	ertru	ıde	Hanr	ahan
	WAS DECEASED EVE		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFOR	MANT	12.00	750F	ESS Dem	ocrac	y Blvd
	No	(IF TES, GI	- WAR OR DATES)	517-16-	3180	Vale	rie Ma	lone				20817
	18 CAUSE OF DEA	ATH (Enter o	nly one couse per	line for (a), (b), and						Non-A-No	APPRO BETWEE	OXIMATE INTERVAL NONSET AND DEATH
100	PART I. DE ATH	WAS CAUSE	TE CAUSE (a)	ARDIOPULN	MONAR'	Y ARRI	EST				MI	NUTES.
		177771220		R AS A CONSEQUE	NCE OF	11-5				433	2	
	Canditions, if ar	y, which	((b) R	efractory	sep	tic sh	nock				day	ys.
	gave rise to in		DUE TO ON	ERMINATO"	NA PODENT	CT TVA A	TTVED	DICEA	C.E.		Vac	
	underlying cau	se last	((c)	ERMINAL 1	PAREN	CHIM A	LIVER	DISEA	36		Year	rs.
	PART 2 OTHER SIG	SNIFICANT	CONDITIONS CO	ontributing to d	EATH BUT	NOT RELA	TED TO THE TER	MINAL DISE	ASE OR CON	DITION GI	VEN IN PART	Carndron
CERTIFICATION												
2 8	July 30			ical herr				200 AL	TOPSY?	20b. IF YE	S, WERE FINE	DINGS USED ES OF DEATH?
		7-19-5			ila I		A TOTAL LAND STORY	YES	NAK		ES 🗌	NO 🗌
	21a. ACCIDENT WAS U	-	1 HOUR A.	FINJURY M. MONTH DA	YEAR	21c HOW	INJURY OCCU	JRRED (ENTER	NATURE OF INJU	URY IN ITEM 18	PART T OR PART ?)
CAL	LIF EITHER, NOTIFY ME			M.	19							
MEDI	21d INJURY OCCU		21e. PLACE (OF INJURY	ARM, ETC)	211 LOCA	REET		CITY OR TO	NWC	COUNTY	STATE
-	AT WORK AT V	WHILE			~ .	27	0.1		10 0		0.1	
100	220 I certify that		4770 0		July	21	, 19 84	, 10	JG.8		1984	, that (I) (we) la
100		ased alive ar (did)(did no	AUG. 8	after death.			ny) (aur) apinia	in death occu	rred on the d	late and ha		he causes stated
	226 SIGNATURE					DEGREE	ATTENDING	VV MEDIC	LI STA			TE SIGNED
100	Ro	rer	W Jamo	poo	1	M.D.	ATTENDING PHYSICIAN					.8 1984
1	PETER					22e ADDI					UITE 1	01
	LLIER	M. T. TIA	P1 • 17 •				CLINT	ON, MAR	YLAND	20735		
23a	BURIAL, CREMATION	N, REMOVAL					OR CREMATORY		CATION ITY OR TOWN		COUNTY	STATE
	Buria.	L	IlAug	1984 Wa	shin	gton	Natio	nal C	emete	ry	Suitl	and, Mo
24 F	UNERAL DIRECTOR	pert		nelm Fun	neral	. Hom	e 250 D.	ATE REC'D. B	Y REGISTRAF	25b. REGIS	TRAR'S SIGN	ATURE
				Šu	uitla	ind,	Md AUG	15 19	Ja gu	ia Davi	doon-far	notelle ;

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR:

OR ATTENDING PHYSICIAN: The

MPORTANT; If them 21 is marked or Item 18 shaws any injury, or other traumatic event, th

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			de la company	
	district or the state of the st			
	Michigan St. Or of the			
BOAT TO THE REAL PROPERTY.				
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A LANGE OF THE PARTY OF THE PAR				
		William S. St.		
				Complete Service
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	THE STREET STREET		History of the Party of the Par	
				L 1257 1250

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely through the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

P	FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAR CERTIFICATE OF DEATH
	1. DECEASED NAME FIRS	MIDDLE	LAST
1 12	Laura	Agnes	WEST
	3 SEX	4 RACE	5. DATE OF BIRTH CMONTH DAY YEAR
	Female	Whit	e 18 1900

HYGIENE

2

	REGISTRAR		•		REG. NO).		
	EASED NAME FIRST	WIDDLE	L	ST	20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
1,102	Laura	Agnes	WES	T	August	22.	,1984	2:32 Am
SEX		4 RACE	5. DATE C	F BIRTH YEAR	6. AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
	Female	White	Sept	18 1905	79	YRS.		
19-815	THPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUNTR	AAAPPIE	□ NEVER MARRIED □	9 BALTIMORE CITY OF	COUNT	Y OF DEATH	
A	PRAUSAS	U.S.A.	WIDOWE		Prince	Georg	ge's	MD.
10 CIT	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR			128 USUAL OCCUPATION	ON WORKING LI		F BUSINESS OR
1	Lanham	Doctors Hospi		Pr. Geo. Co	21.5.60Vt.			
USUA 30. S		ROTHER INSTITUTION GIVE RESIDENCE BEI	FORE ADMISSION)	13d. INSIDE CITY LIMITS?	13 STREET ADDRESS	ZIP COD	E sel	2785
1	MD. He	Lanco	res	YES NO		mor	E420	WICK R
CFA	THER'S NAME -	MEGOLE THE		15. MOTHER'S MAIDEN NA	WE	-	D LAS	T ,
0	DENjanin	ROTH		-NA	-NA	- /	rozenc	rant Z
6s W		MED FORCEST 166 SOCIAL SE	10-17	17 INFORMANT	ADDRE	35	1210	(
	NO -	- pay-26	182/	royals stump	x Same	AS	#15	
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUST	nly one cause per line for (a), (b),	and ICH	1) 10 10	Au. L		BETWEEN	MATE INTERVAL ONSET AND DEATH
		TE CAUSE (o) Can	dio 1	Cerforalor	1 Hours			
		DUE TO, OR AS A CONSEC	DUENCE OF	1. 4 9-	- 201	1.	A	
	Conditions, if ony, which gove rise to immediate	(b) Thees	brust	800 men	on Louis our	gare	un	
	cause (o), stating the underlying couse lost.	DUE TO, OR AS A CONSECUTION		of the co	low			
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	O DEATH BUT					а
ē	septic.	Asthritis 88	the le	It knee au				
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YE	S, WERE FINDI	NGS USED OF DEATH?
F					YES NO		ES 🗌	ио 🗌
	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18	PART I OR PART 2)	
CAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	R) P.M.	19				111111	
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	AT WORK AT WORK							
0		nital) attended the deceased from	m_8	d that in (my) (our) apinion		2	19 54	that (I) (we) last
		of view the body after death.			death occurred on the do	ite and ha		
- 0	276 SIGNATURE	- le 06		DEGREE ATTENDING	MEDICAL STAF	F	OPS DATE	SIGNED
- 8	224 PHYSICIAN'S NAME (TYPE	ery jaare		PHYSICIAN E	DIRECTOR PHYSIC		8/2	2784
	HEMA 6	2. VANIA		7726- L1	NNSLANE	, LX	NHA	1054
22. 5	I E III F	177 11	1. NAME OF C	EMETERY OR CREMATORY	73d LOCATION		1.7.7	, , , ,
	URIAL, CREMATION, REMOVA SPECIFY) Burial			coln Cemetery	CITY OR TOWN	500	YINUO	STATE
	Duriar	Tue . 27 , 1704	TO TITT	corn cemener?	prentw	ood,	Marylar	10.

DHMH - 16 50M 4/83 (VRA 15, 4)

etoined by the hospital or attending physician.

BP.

^{24 FUNERAL DIRECTOR}

MHOWARD Hale's Lanham Funeral Home

9013 Annapolis Rd. Lanham, Md. 20706

SEP

250 DATE REC'D. BY REGISTRARIZS REGISTRAR'S SIGNATURE OF

Applicate December Transcript Country Library Resident St. 1881.88 Library Constitution a language of the control of the contr

12	1 -	FOR STATE		D	EP P	FHEALT	MARYLAND H AND MENT CERTIFICAT		TH	9 3 6	Jan 1	
20 X 21 Z 12	I. DE	CEASED NAME E OR PRINT)	Terese	2 V4	MIDDLE	WHEX	LAST	/	REG. 20. DATE KNOWN OF ESTI- DEATH MATED	MONTH D	1 1984	26. HOUR
ON STREET	3. SEX		Ihite	DATE OF BIRTH MONTH DAY 3-14-1	2 Z	(IN YEARS IF U BIRTHDAY) MON 2_YRS.		INDER 24 HRS.	2c. DATE PRONOUNCED DEAD	8-23	1984	2d HOUR
(1)35	Ma	RTHPLACE (STATE C REIGN COUNTRY) ryland		USA		WIDO		VORCED [Prine	- GROW	PES	MD
PAGE PAGE BE FILED	Fi	Yest /L	hto 8	763 MB	LITY GIVE STREET ADI	Drew Drew		FOR	UAL OCCUPATION MOST OF WORKING LIFE) Ltchboard		or industr Hotel	SINESS
ANY DE ANY DE AND 3 TRETAIN HOULD BRECORD	13a S	IL RESIDENCE (IF IN TATE ryland	136. COUNTY		13c. CITY OR TO	WN	13d. INSIDE CITY LIN	13e. STR	REET ADDRESS Mohican	Drive, 2	20745	
RE. MD	Ве	THER'S NAME FIRST		MIDDLE	Burch		15. MOTHER'S A FIRST Mary		C.	Dye		
S ATTROCKE GIVE PACES TITH FORM P PAGES LAN WISION O'N		VAS DECEASED EV ES, NO, OR UNKNOWN)	(IF YES, GIVE WAI		577-18		Edward	Hughe	esville, M	er, Rt. 1	20637 Box	457
ECORDS, 201 W. PREST BE DECUTED WITHIN NDING" IN PENCIL IN ABLICKLE EXAMINER A SA BURIAL TRANSIT ALTH AND MENTAL HY DEMATION, OR REMC	NOI	couse (a) stat lying couse la PART 2 OTHER SIGNIFIC	a immediate ing the <u>under-st.</u>	(b)	AS A CONSEQUE	NCE OF	SE OR CONDITION GIVE	N IN PART 1 : a				
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MEDICAL EXAMINER: THI ECUTE THE CERTIFICATE, W FOLUS A SHOULD BE FORWA FUNERAL DIRECTOR: PAC TER DEATH, WITH THE STA LITMORE, MARYLAND, 217			Notural	of the remains of the courses of the P. Roal	cident .	Suicide	Title (SPECIA	MED	Inquiry	SIGNED	7-25-	
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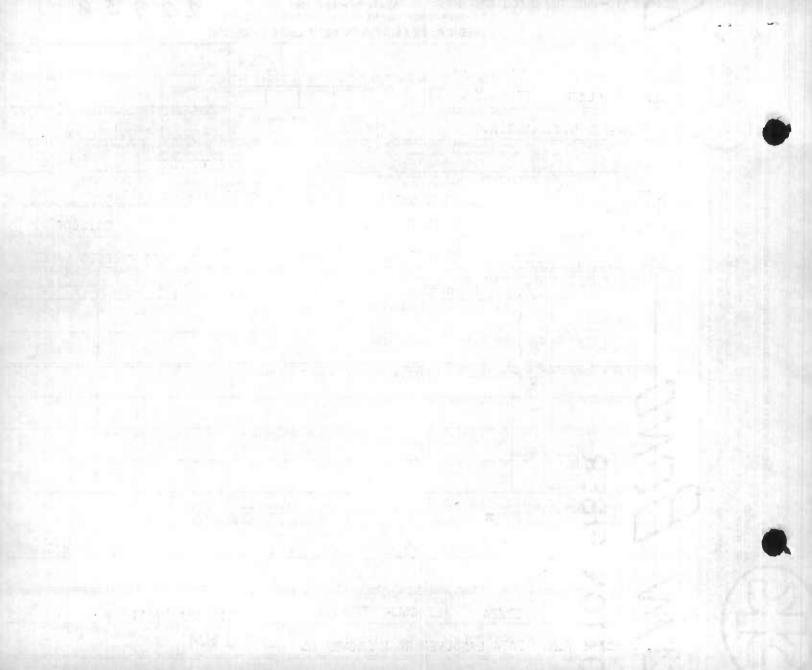
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	ARY, PLEASE DIRECTOR. OUR FILES. 772 HOURS ON STREET,	3. SEX	4 RACE	LDINE 15. DATE OF BIRTH	М.	6. AGE IN YE		HITE NDER 1 YR. TIE L	UNDER 24 HRS		WOUTH.	31 19 DAY		2d HOUR
	N ST N ST	FEMALE	BLACK	YAD HINOM	,1948	36 Y	***************************************		OURS MIN	PRONOUNCED DEAD	9	1		м 98
	See	10 BIRTHPLACE	STATE OR	JAN. 23			RS.		35	1. BALTIMORE CIT				ор м
		Washington, D.C. United States No. CITIZEN OF WHAT COUNTRY? No. COUNTRY? N									c Cour	ntsz		
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	30246	Oxon H	111	(IF NOT IN SUCH PACILITY, GIVE STREET ADDRESS) 2160 Alice Ave. FOR MOST OF WORKING LIFE) Secretary							Gove	DUSTRY		
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ġ.	IRS AFTER DEATH. S. GIVE PAGES I. MITH FORM MAD 2 DIVISION OFFITE	M FATHER'S N	AME	LAST			15. MOTHER'S MAIDEN NAME			7.0	LAST			
ui ec		Jesse		MIDDLE	Williams			Grace				Kell		
W O		160. WAS DECE (YES, NO, OR U	ASED EVER IN U.S. AF	RMED FORCES?	16b. SOCIAL SECURITY NO.			17. INFORMANT Father ADDRESS				Md.		
TIVE IN		No			577	-68-5	959	Jesse W	illiam	s-4700 Add	ison D			
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N O				ATE CAUSE (a)		cotis								
ES	HIN NSIT AND	Cane	DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which											
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8	AL, CET A	3 190. DAT	196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?									20 AUT	OPSY?	
1	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG INTO FUNETONE, PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEATTH AND MENTAL HYGIENE, BALTHWORE, MARYLAND, 21201 PROR TO BURIAL, CREMATION, OR REMOVAL.	E	216 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART L OR PART 2										St.	NO 🗌
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Ö	PARI PARI	CONTRIE	RY OCCURRED		OF INJURY	19	211 10	CATION						
N N	RITIN RITIN ROED RE 3 S		NOT WHILE		TORY, FARM, ET			STREET		CITY OR TOWN	cc	YIMUC		STATE
	THIS WAS STAT	AT WOR	K AT WORK					F37						
	POR FOR AND	- 0.5	22a Certify that took charge of the remains described above, held on Autopsy X, Inspection , Inquiry , and in my opinion											
	AMI RTIFI D BE NITH RECI	, death re	esulted fram: Natu	ural causes X,	Accident	LJ, Si	ricide	, Homicide		etermined manner				
	MAN, WAN	ACTUAL	ine A	11	NOW			ASSIS	tant	DICAL CVALLED	DATE	9-	2-84	
_	SEAT SET IN		/ \		VIX.		~	1.0.	ME	DICAL EXAMINER	SIGNI	ED		
	A D R D R S	EXAMINE (TYPE OR	PRINT) Ann	M. Dixon	M.D.		A	ADDRESS 11	1 Penn	St., Balt	o., Md	. 21	201	
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	DHMH - 17	74 FUNERAL D		ADDRES:	5	O TO 7	71	750.	DATE REC'D.	BY REGISTRAR 256. R	EGISTRAR'S	SIGNATURE		
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BALTIMORE, MD. 21201 S AFTER DEATH IF ANY GIVE PAGES 1. 2. AND TH FORM PM 3. RELA PAGES 1 AND 2 SHOUL VISION OF THALE RECO	/		land				TYES X NO		Seat Ple	asant	Drive	
AD. 2	14. F	ATHER'S NAM					TS. MOTHER'S MAIL	DEN NAME	AIDDLE	LAST		
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HOUSE, IN SERVICE OF THE PROPERTY OF THE PROPE	13		EATH WAS CAUSE	D DW	e for (a), (b), and (c).)		Pl	easant Di	rive,Sea	t Plea	sant	
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TO MEDICAL EXAMINER: THIS OF EXECUTE THE CERTIFICATE, WRIPAGE & SHOULD BE FORWARD TO FUNERAL DIRECTOR; PAGE AFTER DEATH, WITH THE STATE I BALTIMORE, MARYLAND, 21201		220 I cert	ify that I taak charg	ge of the remains de	scribed abave, held an	Autar	osy . Inspect	ian X, Inquiry	X, and in my	аріпіап		
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¥\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		SIGNATURE	1	4-0/	myne	^	A.D.	MEDICAL EXAM	AINER SIG	NED_	704	
AEDIO CUTE 1 SR DE/ FIRMOR	X	EXAMINER'S	NAME Augus	to P. Roc	iriguez, M.	D.	5009 H	Rayburn Ct	Temple	Hills.	Md.	
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	PECEASED NAME	Corneliu		WIDDIE		LAST	20. DATE I	KNOWN A MON		. HOUR		
3 SI	MALE BLACK		S. DATE OF BIRTH MONTH MONTH LAST BIRTHDAY) AND THE MONTH LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED						TH DAY YEAR 20	DAY YEAR 2d. HOUR		
X 179	BIRTHPLACE ISTATE OR FOREIGN COUNTRY) WASHINGTON	76 CI	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED X 9 BALTIMORE CITY OR COUNTY OF DEATH									
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13o.	UAL RESIDENCE IN IN NO. STATE ARYLAND		NSTITUTION, GIVE		ON)	13e. STREET ADDRE	11291					
P	FATHER'S NAME HILLIP		MHITL'OCK			15. MOTHER'S MAIDEN NAME			BRISCOE	RISCOE		
/	. WAS DECEASED EVER YES, NO, OR UNKNOWN] YES	IN U.S. ARMED FO (IF YES, GIVE WAR OR E VIETNA	ATES)	577-72-720		PHILLIP	WHITLOCK	3618 CO	OPERS LANE			
IRIAL, CREMATION, OR REMOVAL.	gove rise to couse (a) stating lying couse lost	Conditions, if ony, which gave rise to immediate couse (a) stating the under-lying couse lost. (b) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING 10 DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).										
MEDICAL CERTIFICATION	190 DATE OF OPER	ATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?							NO []		
								R PART 2)				
MEDICAL		WHILE VORK		FINJURY AT HOME, RY, FARM, ETC.)		CATION	CITY OR TOV	٧٨	COUNTY	STATE		
730.	ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	Thom	Monas D. S	Smith, M.D.		Deputy Ch:	Undetermined mo	DA INER SIG	TE 8/18/84			
	BURIAL, CREMATION, I ISPECIFY) URIAL	REMOVAL 236 DATE 8/22	2/84	23¢ NAME OF CE			23d LOCATION CITY OR TOWN SUITLAN	D MARYL AL	COUNTY STATE			
- 17	FUNERAL DIRECTOR NAME JENKINS	F.H. 74	74 LAN	DOVER RD L	ANDOV	ER MD JET	EC'D. BY REGISTRAL	R 256 REGISTRAR	BARNHandall			



20M 4/B2

STATE OF MARYLAND

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Huntt Funeral Home, Waldorf, Marvland

FOR - STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

7h HOUR

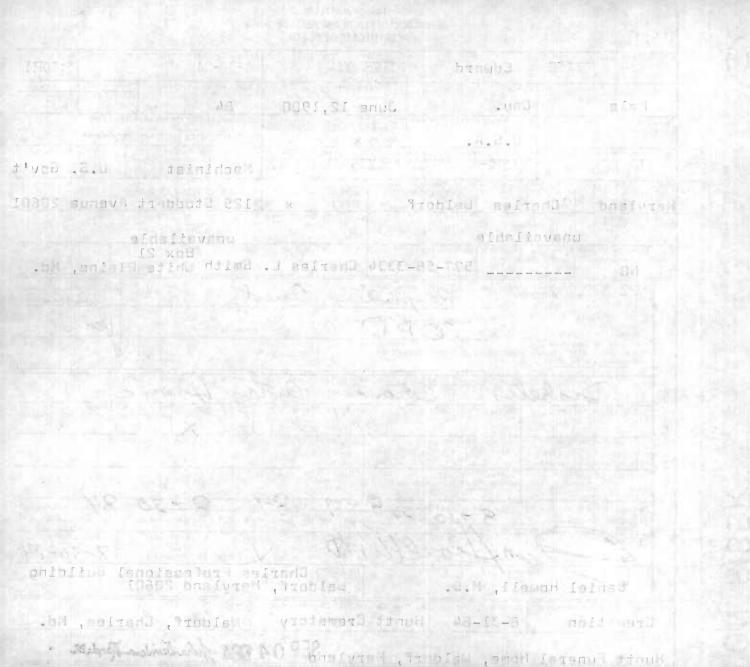
HOURS

COUNTY

22c. DATE SIGNED

STATE

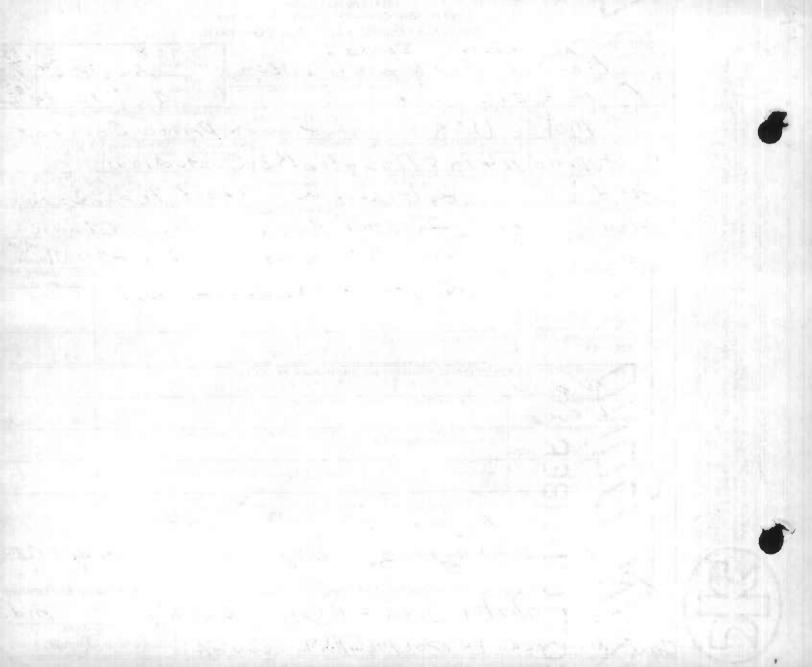
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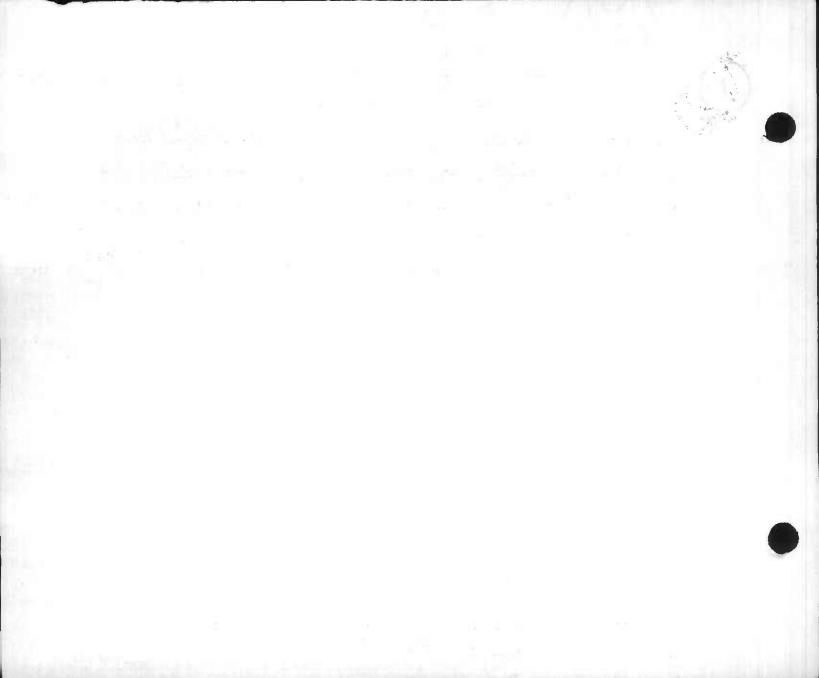


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STREET STREET	3 SEX	male	4. RACE Black	S. DATE OF BIRTH	YEAR	6. AGE (IN YEA LAST BIRTHDA' 96 YR	MONTHS	ER 1 YR.	IF UNDER	24 HRS.	2c. DATE PRONOUNC DEAD	A	NONTH DA		7 694 A. M
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21201 F ANY DE AND 3 T RETAIN HOULD E RECORD	13a S1		13b. COUN	or other institution, gr ITY ce Georges	13c. CITY	ORTOWN	13	3d. INSIDE (I	ITY LIMITS?		EET ADDRES	s lock T	ree La	-074	3
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S AFTER GIVE PA FOR PAGES 1		NO, OR UNKNO		WAR OR DATES)	579	12 357		7. INFORA	nce W	ines		#24 ^{ES} 17 Wash.,	th St.	003	
ON ST., I 24 HOUR ITEM 18. ONG W PERMIT. SIENE, DI		PART I DE		TE CAUSE (a)AC	ute r			lisea	se				8	APPROXIMATE	T AND DEATH
HOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NO. "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE THE MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE IS USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 and 2 SHOULD BE FILED OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 IRIAL, CREMATION, OR REMOVAL.		gave ris	es, if any, which to immediate stating the under-	(b) ch	roni	C MYOCA	rdial	dis	ease.					Year	s
DS, 201 1 XECUTED JG". IN PI CAL EXAV BURIAL- AND ME ATION,	1.5	lying cau		(c)CONTRIBUTING TO DEATH	BUT NOT RELA	TED TO THE TERMI	NAL OISEASE O	R (ONOITIO	N GIVEN IN PAI	tT 1 (a).					2/4
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N OF VITA CATE SHO THE WORD OUTBE CHILD SULD BE US RITAENT OF	CERTIFICATION	Non	L CAUSE WAS	21b. TIME OF HOUR A.M		DAY YEAR	21c. HOV	W INJURY	OCCURRE	D (ENTER	NATURE OF INJUI	RY IN ITEM 18 PAR	T 1 OR PART 2)	YES 🗌	NO 🔀
TO MEDICAL EXAMNER: THIS CRITIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF EXECUTE THE CRITIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE 105E DAS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SI AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	MEDICAL	CONTRIBUTION 214. INJURY C	NG CAUSE OF	DEATH P.M		19 (AT HOME,	211 LOCA STR		Non	e	CITY OR TOWN	٧	COUNTY		STATE
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2			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 3 4 0
T			MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.
1			ASED NAME CONTROL TO THE STE MIDDLE TACKSO LAST , 20 DATE KNOWN MONTH DAY YEAR 20 HOUR
(R28 电器电		Offerter Ulvama 1/1/1/2mg DEATH MATED QUE 1219829 DN
1	STREET	3. SEX	1 RACE S. DATE OF BIRTH ANNIH DAY YEAR 16 AGE (IN YEARS IF WIDER 1 YR. IF UNDER 24 HRS. 21. DATE ANNIH DAY YEAR 24 HOUR PRONOUNCED
	AN A	2 010	THPLACE (STATE OR 176. CITIZEN OF WHAT COUNTRY? 8. DEAD 19 BALTIMORE CITY OF COUNTY OF DEATH
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	DELAY I TO THE DEFFILE RDS, 201	5	eltivelle 11420 Ellingten RJ Custodia N
BALTIMORE, MD. 21201	EATH. IF ANY DELAY ES 1, 2, AND 3 TO 1 EM 3. RETAIN PA IND 2 SHOULD BEE EVITAL RECORDS, 5	13a. ST	THE TIME COUNTY 136. CITY OF TOWN, 136. INSIDE CITY LIMITS? 136. STREET ADDRESS TO WAN AS AUG.
Q.	DEATH. 1 GES 1, 2, M PM 3, M PM 2, GAND 2, GAN	14 FAT	HER'S NAME FIRST MIDDLE LAST LAST FIRST MIDDLE LAST LAST LAST AND THER'S MAIDEN NAME FIRST MIDDLE LAST AND THER'S MAIDEN NAME FIRST MIDDLE LAST LAST LAST AND THER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE LAST LAST
Š.	00 50 0	16a. W.	AS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
MALTIN	ASTAS	(YES	NO PLIST C. Jackson 2920 Ulman
7.			CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c).) PART I DEATH WAS CAUSED BY: APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NO	124 H ITEN ITEN ION PER GIEN		IMMEDIATE CAUSE (a) CONSEQUENCE OF
SS	WITHIN INCIL IN AINER A TRANSIT VIAL HY		Canditions, if any, which
*	AIN TRA		gave rise to immediate (b)
20	EXA EXA O MI		lying cause last. (c)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.	VER. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOL CATE, WRITING THE WORD. PENDING" IN PENCIL IN JEM 18 FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG OF PAGE A SHOULD BE USED AS A BURIAL - TRANSIT PERMITHE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, NID, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).
EG C	D BE EXE PENDING MEDICAL D AS A BU IEALTH AN	Ē	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED?
×	SHOULD ORD "PE CHIEF A E USED A T OF HE	CERTIFICATION	No
	WORD WORD HE CHIII	ER	YES NO ATTENNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
O NO	HIS CERTIFICATE WRITING THE WARDED TO THE AGE 3 SHOULD F ATE DEPARTMEN 1201 PRIOR TO F		UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19
VISIO	TING TING TING 3 SH DEPA PRIC	144	18. INJURY OCCURRED 216 PLACE OF INJURY (ATHOME, 211 LOCATION
۵	WRI WARD WARD PAGE TATE 1		WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE AT WORK
	ATE, TOPM		22a Leertify that I took charge of the remains described above, held an Autapsy . Inspection . Inquiry . Inquiry . and in my apinion
	EXAMINER: CERTIFICATI JLD BE FOR DIRECTOR: WITH THE		death resulted fram: Natural causes . Accident . Suicide . Homicide . Undetermined manner .
	CERT CERT DIRE WARY		ACTUAL SPECIFY)
	SHOW SHOW		SIGNATURE MEDICAL EXAMINER SIGNATURE SIGNATURE
	TO MEDICAL EXECUTE THE PAGE 4 SHO FOR FUNERAL AFTER DEATH BALTIMORE,		XAMINER'S NAME ADDRESS ADDRESS
	TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STEATH MORE, MARYLAND, 2	23a.BU	RIAL, CREMATION, REMOVAL 236 DATE) 234 NAME OF CEMETERY OR CREMATORY 234 LOCATION
	BP		BURIAL 8/17/84 CEDAR HILL CEM. BROOKLY Md.
	DHMH - 17	74 FUI	NERAL DIRECTOR APPLICATION ADDRESS ADDRESS AND COLON ST. AUG 2 0 1984 Sunia Navidson-Randage ALG 2 0 1984 Sunia Navidson-Randage
	(VR A15 ME (5)) 20M 4/B2	10	ATMAN-HARRY FH 1701 McGilloh St. AUG 20 1984 guha Davidson-Mandelle





STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

	REGISTRAR			DEPARTM	CERTIF	FICATE OF DEATH	REG.	NO.				
	CEASED NAME	FIRST		AIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR	R
		Marie	9	W	W:	indsor		8	25	84	3:35	
1. SE	х	90.5	4. RACE		5. DATE (OF BIRTH H DAY YEAR	6. AGE (IN YEARS EAST	BIRTHDAY)	MONTH	DER TYEAR	IF UNDER 2	24 HRS
1	Female		White			mber 29,1914	69	YRS.	1			
	RTHPLACE (STATE OF	REOREIGN	76 CITIZEN OF V	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	TY OF D	EATH	1	
	ashington,	D.C.	U.S.A.		WIDOW	-	Prince G	eorges	Cot	unty		٨
1	ity or town of de Riverdale	ATH	(IF NOT IN SUCE	HOSPITAL, NURSING HEACILITY, GIVE STREET A Memorial	DDRESS)	or other institution	12a. USUAL OCCUPA (TYPE OF WORK FOR MOS Housewif	TOF WORKING	LIFE) IN	Own	F BUSINES	SS C
USU/ 13a S		13b COUL	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE A	ADMISSION)	134. INSIDE CITY LIMITS? YES NO	13e STREET ADDRES 3228 Chil	S / ZIP COI	DE 2	0712		
1	ATHER'S NAME FIRST Atrick		WIDDLE	Tierney		15. MOTHER'S MAIDEN NA FIRST Mary				gera	ī	
	WAS DECEASED EVE YES, NO OR UNKNOWN)		MED FORCES?	166 SOCIAL SECUR		Mr. Owen F.		RESS Add	dres	s Sa		3
	18 CAUSE OF DEA	TH (Enter or	nly one couse per	line for (a), (b), and						BETWEEN	MATE INTER	VAL DE AT
	PART I. DEATH		D BY: TE CAUSE (o)	Cardia	ic /	Arrest				Su	dolen	
	100 100 100		DUE TO OF	R AS A CONSEQUE	NICE OF		. /					
	Canditions, if an gove rise to in cause (a), stat underlying caus	ing the	(b)	Probab RAS A CONSEQUEI Albumosc	NGE OF	Acute Myor	vease	farct	UN	84	dden	-
NOI	gove rise to in cause (a), statunderlying cause	nmediate ing the se last	DUE TO, OR	INTRIBUTING TO D	EATH BUT	Acute Myoc ric heart do I NOT RELATED TO THE TERM extine Heart for	INAL DISEASE OR CO	NDITION G	IVEN IN	PART II		
TIFICATION	gove rise to in cause (a), statunderlying cause	nmediate ing the se last	DUE TO, OR (c) CONDITIONS CO	ontributing to D	Conge	NOT RELATED TO THE TERM	INAL DISEASE OR CO	20b. IF Y	V LON	PART II	01	H?
CAL CERTIFICATION	gove rise to in cause (a), statunderlying cause PART 2 OTHER SIGNATURE OF OPER.	BNIFICANT OF PARKULATION SCHOOL OF DEPARTMENT OF DEPARTME	DUE TO, OR (c) CONDITIONS CO (Son 'S (19b. CONDI Parlo 11b. TIME OI HOUR A./	DITRIBUTING TO D CLISCASE, TION FOR WHICH OF T. VOCAL FINJURY M. MONTH DA	Congression Const	ective Heart f	200 AUTOPSY? YES NO	20b. IF Y	ES, WEI	PART III	NGS USED	H?
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CAL CERTIFICA	PART 2 OTHER SIGNATURE OF OPER. 190 DATE OF OPER. 21g. ACCIDENT WAS U. 0R CONTRIBUTING (IF EITHER, NOTHY ME) 21d. INJURY OCCU. WHILE AT WORL 220.1 certify that (ATION ATION ACTION CAUSE OF DE DICAL EXAMINE RRED WHITE DICAL EXAMINE (1998 of DE DICAL EXAMINE	DUE TO, OR (c) CONDITIONS CO (Son 'S (19b. CONDI ATH HOUR A./ P./ 21e. PLACE ((AT HOME, STRI att) view the body.	DITRIBUTING TO D CHICAGE TION FOR WHICH OF I. Vocal FINJURY M. MONTH DA M. OF INJURY EET, FACTORY, OFFICE, FA de deceosed from LI 19 Softer death.	COMPERATION Y YEAR 19 JULE JULE	211. LOCATION SIREET ATTENDING ATTEND ATTENDING ATTENDING ATTENDING ATTENDING ATTENDING ATTEND ATTEND	200 AUTOPSY? YES NO RED (ENTER NATURE OF IN	20b. IF Y IN CERT TOWN dote and he	ES, WEITHYING YES DARILO	N PART III RE FINDING CAUSES OUNTY from the 221. DATE 8 - 2	NGS USED OF DEAT NO [H?

DHMH - 16 50M 4/B3 (VRA 15, 4)

Burial Aug. 28,1984 Ft. Lincoln Cemetery. Brents
14 FUNERAL DIRECTOR
F. Gasch's Sons F.H. P.A. Hyattsville, Maryland 1629

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	as tompias	. Transfer and	2072-02-27			C
						247
						247

6	1.	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL OF ICATE OF DEATH	YGIENĖ	2 2 REG. NO.	9 6	4 3	
2 25		CEASED NAME	FIRST	A	M.	w,	WIER	20. DATE OF	DEATH MON	16	84 2	GIOP M
(A bo	3. SE	× — ema	ıle	4. RACE	J hite	S. DATE C		8. AGE (H)	BIRTHOA	MONTH rRS.	THE RESERVE THE PERSON NAMED IN	UNDER 24 HRS HOURS MIN.
4 12 4	/	RTHPLACE (STATE OR FI	OREIGN	76. CITIZEN OF	what country	MARRIE WIDOWE	D NEVER MARRIED DIORCED		ke city or conce		EATH	MD
1 11 8	10	ITY OR TOWN OF DEA	TH	(IF NOT IN SU	HOSPITAL, NURSI CHEACUITY, GIVE STREE TN Maryla	T ADDRESS)	OR OTHER INSTITUTION		occupation formost of wo shier		IDUSTRY	s Shoe
filled in	USU	AL RESIDENCE (IF NURS) STATE Md.	13b COUN	VIY	I GIVE RESIDENCE BEFORE 13t. CITY OR TOVE 8es Clin	VN	13d INSIDECITY LIMITS? YES NO 🔀		ADDRESS / ZI 1 Stuai		20735	
ompletely ond 2 sh		ohn McInt		MIDDLE	LAST		15. MOTHER'S MAIDEN P		WIDDLE		LAST	
Poges Tredical		WAS DECEASED EVER YES, NO OR UNKNOWN) LO		MED FORCES?	166 SOCIAL SEC 577-30-0		Marguerite	Drake-9	ADDRESS	ilene I		
rificate b physicial physicia physicia physicia physicia physicial		18 CAUSE OF DEATH PART I. DEATH W	AS CAUSE	ily ane couse pe D BY; IE CAUSE (a)	r line far (a), (b), o	ndicin	SHOUL				APPROXIMA BETWEEN ON	ATE INTERVAL ISET AND DEATH
death ce attending ove corbs		Conditions, if ony,		DUE TO, (OR AS A CONSEQU	ENCE OF	etic Co	mul	Bun	Mu.	4	
by the seem other tr		gove rise to imm cause (a), statin underlying cause		DUE TO, C	DR AS A CONSEOL	JENCE OF	ion bit	w				
equires n signe Then p to bur injury.	CATION	4	law	T 50	ILUN	E	NOT RELATED TO THE TE	F	" luc	<u> </u>		
The law ration. to hos bee in permit piene prior hows any	CERTIFICA	190 DATE OF OPERAT				H OPERATIO	N WAS PERFORMED	YES	NO	Ob. IF YES, WE N CERTIFYING YES	CAUSES O	
YSICIAN: T ding physici is certificate buriol-transi or Item 18 sh		21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION MEDICAL CONTRIBUTION CONTRIBUTIO	AUSE OF DE	HOUR A	OF INJURY I.M. MONTH [I.M.	AY YEAR	21¢ HOW INJURY OCC	URRED (ENTERNA	TURE OF INJURY IN	ITEM 18 PART TO	OR PART 2)	
offendi offer this the by hond M	MEDICAL	21d INJURY OCCURR	ILE [OF INJURY TREET, FACTORY, OFFICE	FARM. ETC.)	211 LOCATION STREET	4.	CITY OR TOWN	C	OUNTY	STATE
A A A		22nd south that (b)	(she back	tall attended	he deceased from		177 10 8	1 10	XIIA	10 4	7 14	at th (we) lost

DHMH - 16 50M 4/83

(VRA 15, 4)

should be detached for us with the State Dept. of He O FUNERAL DIRECTOR

MPORTANT: If Hem 21 is

Everly-Wheatley ADDRESS 24 FUNERAL DIRECTOR 1500 W. Braddock Rd. Alex. Va

8-20-84

sow the deceased alive on abave, (1) (we) (did) (did not) view

226. SIGNATURE

230 BURIAL, CRÉMATION, REMOVAL (SPECIFY) Burial

236 NAME OF CEMETERY OR CREMATORY

224. ADDRESS

DEGREE

ATTENDING MEDICAL PHYSICIAN DIRECTOR

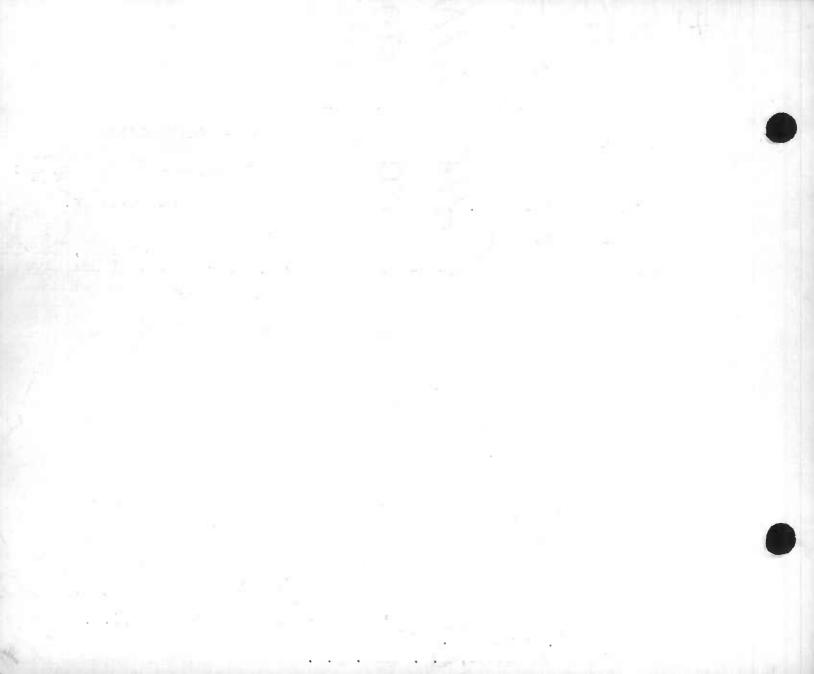
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Th. DATE

Arlington, Va.

STAFF
PHYSICIAN

EXPENSE STATE A William Control of the Control of th CANADA DIFFERENCE A test of Sign water CT45/3-M TO WILL THE STATE OF A POST



Md.20707

7601 Sandy Spring Rd. Laurel.

(VRA 15, 4)

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DHMH - 16 50M 4/82

(VRA 15, 4)

Funeral Home P.A

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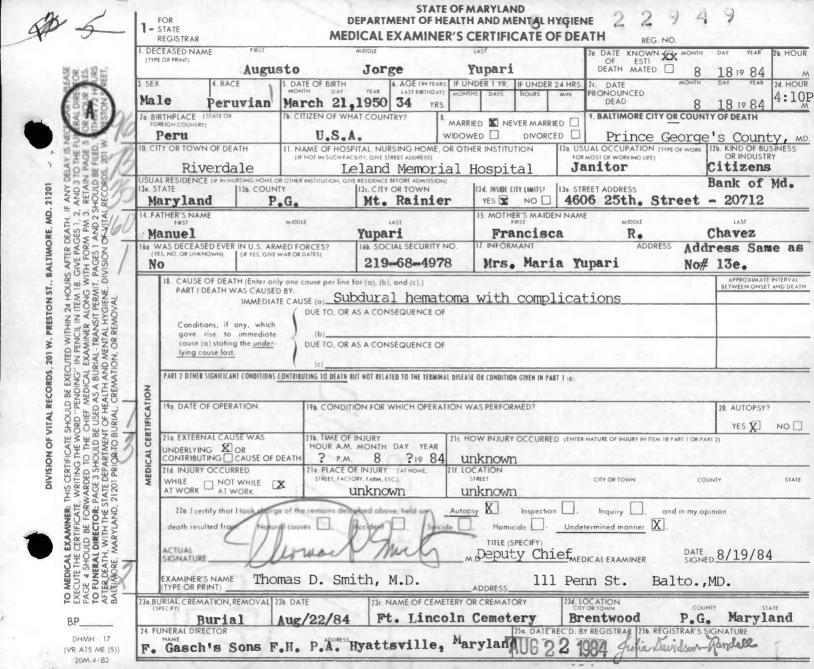
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1 3	1	OR DEPARTMENT OF HEALTH AND MEN	TAL HYGIENE 2 2 9 4 6	
1	1-	TATE EGISTRAR MEDICAL EXAMINER'S CERTIFICA		
(n)	1. DE	EASED NAME FIRST MIDDLE LAST	20. DATE KNOWN X MONTH DAY YEAR	2b. HOUR
Park	{TYP	Charles Tyrone Young	OF ESTI- DEATH MATED 0 8/24/8419	
30259	1. SEX	4 RACE IS DATE OF BIRTY IS AGE (IN YEARS LIFT UNDER) YR LIFT	UNDER 24 HRS. 2c. DATE MONTH DAY YEAR	24.HOUR
FEET TO	M	1e Black Oct. 8 1955 28 YRS.	PRONOUNCED BAD 8/24/84 19	HOUR PM
A A A A A A A A A A A A A A A A A A A	∛o Bi	THPLACE ISTATEOR 76 CITIZEN OF WHAT COUNTRY?	9 BALTIMORE CITY OR COUNTY OF DEATH	
SANGER	u	ASA D.C. LINITED STOTES WIDOWED D	overced Prince George's County	MD.
ZZ n B	CI	Y OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTIO	N 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BL	ISINESS
A SEE SEE		Cheverly Prince George's Gen. Hospital	COOK (STOR WORKING LIFE) OR INDUST	mat
A SECOND		RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ATE 136, COUNTY 136, CITY OR TOWN 13d, INSIDE (ITY)	1 10 20	aci
ANG ANG	J		100 3/20 Mass. Are. S.E	7./
WASSELL M	14. FA	THER'S NAME A FIRST MIDDLE LAST 15. MOTHER'S FIRST	MAIDEN NAME MIDDLE LAST	
A SEA	C	harks T. Foggie Joan	ne Ardell Young	
N N N N N N N N N N N N N N N N N N N	16a V	AS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMAN		
CASTANA M		Yes July 1969 July 1975 1579-72-5658 Marze	Ha R. Young 3120 Mass Ave S. L	3/
T. BURE		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:	APPROXIMAT BETWEEN ONSE	T AND DEATH
ON S SPEN SPEN SPEN SPEN SPEN SPEN SPEN SPE	1	Intravenous Narcoti	Sm	
N SIT PACE		DUE TO, OR AS A CONSEQUENCE OF	A STATE OF THE PARTY OF THE PAR	
E E E E E E E E E E E E E E E E E E E		Conditions, if any, which gave rise to immediate (b)		
A MEN A		cause (a) stating the <u>under-</u> lying cause last. DUE TO, OR AS A CONSEQUENCE OF		
S PANAGE		(c)		
RECORDS UD BE EXECUTED BE EXECUTED BY AS A BUILD BY AS A B	2	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIV	VEN IN PART 1 (a).	
+ SEASTER #	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORME	D2 Les Augustes	
★ 区门市路车至人	1CA	196. CONDITION FOR WHICH OPERATION WAS PERFORME		
	E	210 EXTERNAL CAUSE WAS 210 TIME OF INJURY 1716 HOW INJURY OF	CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2	NO []
9 E-1-3-65		UNDERLYING OR HOUR A.M. MONTH DAY YEAR	CORKED (ENTER MATURE OF INJURY IN HEM 18 PART I OR PART 2)	
NOR STATE OF THE S	MEDICAL	CONTRIBUTING CAUSE OF DEATH P.M. 19 216 INJURY OCCURRED 216 PLACE OF INJURY (ATHOME. 21f. LOCATION		
IIS CENTING ARDER OF 3 TE DE 1	WEI	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET STREET, FACTORY, FARM, ETC.)	CITY OR TOWN COUNTY	STATE
THIS WAR	18			
INER:			spection . Inquiry . and in my apinion	
2 = 2077		death resulted from: Natural causes XI. Accident , Suicide , Hamicide	Undetermined manner ,	
WAR WAR		ACTUAL TITLE (SPEC		104
EDICAL EXAL JE THE CERT A SHOULD IN THE CERT CERTH, WITH	1	SIGNATURE	tant MEDICAL EXAMINER DATE SIGNED 8/25	/84
MEDI NOTE OF STATE OF	1	EXAMINER'S NAME	11 5 6 5 1 21 21 21 21 21 21 21 21 21 21 21 21 2	
TO MEI EXECUT PAGE V PAFTER U	D	TYPE OR PRINT) Greaty R. Kauffman, M.D. ADDRESS 1		
GOOGLAG	10	RIAL, CREMATION, REMOVAL 236 DATE 23C. NAME OF CEMETERY OR CREMATORY	COUNTY S	ATE I
777787	24. FI	icial Aug 30, 1984 Forest Hills	DATE REC'D. BY REGISTRAR 256 BEGISTRAR'S SIGNATURE	yrand
DHMH - 17	1	mer-Hodges F. H. 4901 Marlboro Pike Coral Hills Mt.	11. P. 10.	00
(VR A15 ME (5))	0	THE - HOUSE F. H. THOI MUTIDORD MIKE CORE! HILLS IN.	SEP 5 1984 Julia Davidson-Manda	A Print

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL RYGIENE

1 -	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.			
	CEASED NAME F	IRST	WIDDIE		LAST	20. DATE OF DEATH MON	TH DAY YEAR	26 HOUR	R
fine		atherine N	farie 2	ZIMMER		August 18, 1	.984	7:41	p . M
3. SEX	K	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS		24 HRS MIN.
1	Female	Caucas	ian	Dec.	0	92	YRS		
7a BI	RTHPLACE (STATE OR FORE		WHAT COUN	RY? 8	D NEVER MARRIED	9. BALTIMORE CITY OR CO	DUNTY OF DEATH		
	nsylvania	us	A	WIDOW			res.		MD
	TY OR TOWN OF DEATH		HOSPITAL, NU		OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND	OF BUSINES	SS OR
Lex	nham	_ /41	s Hospi			Buyer		Stor	9
USU	AL RESIDENCE (IF NURSING			SEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP			,
		rince Geo.			YES NO	6702 96th Pl	100	201	
	THER'S NAME				15 MOTHER'S MAIDEN N.	AME		,	
T	ohn	WIDDIE	O'Nei		FIRST	MIDDLE	Power	\ST	
	VAS DECEASED EVER IN	J. U.S. ARMED FORCES?		SECURITY NO.	Mary 17 INFORMANT	C. ADDRESS	Bannon		
	YES, NO OR UNKNOWN)	FYES, GIVE WAR OR DATES)	550 0	21.00	V 1/2 17		20-1		
	18 CAUSE OF DEATH			1-3408	Mary K. Hoo	oper (same as	13e)	XIMATÉ INTER ONSET AND I	VAL
MEDICAL CERTIFICATION	190 DATE OF OPERATIO 210. ACCIDENT WAS UNDERLOR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL	IOST. ICANT CONDITIONS G N IPB CONT IPB CO	ONTRIBUTING ONTRIBUTING	EQUENCE OF NARY TO DEATH BUT	216. HOW INJURY OCCU	DI PEASIZ MINAL DISEASE OR CONDITIO	ON GIVEN IN PART 1 IF YES, WERE FIND CERTIFYING CAUSE YES	INGS USED	H?
MED	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, S	OF INJURY TREET, FACTORY, OF		211 LOCATION STREET	CITY OR TOWN	COUNTY		TATE
	22a I certify that (I) (the saw the deceased above, (I) (we) (did) 22b. SIGNATURE		8.18.		nd that in (my) (our) opinion	n death occurred on the date o	ind hour and from the	, that (I) (we couses sto	
		16	97		MO ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	O F.	1981	4
	V. P. S	1 NGH			BLADEN		2071	AR 9	7
23a. 1	BURIAL, CREMATION, RE				CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY	ST	TATE
	Burial //	08-21			Hill Cemeter		rince Geor	ges,N	id.
24 F	UNERAL DIRECTOR	kl kleik 6000	Annapo	lis Ros	250 DA	ATE REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNA	TURE	
Res	faranty [[a	Home Bowle	Marral	and	AU	G 2 1 1984 Jul	ia Davidson-D	unause	

Beall Funeral Home, Bowie, Maryland

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

PLANT .				
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inut:	F9 7	A. Or.	J. O'Heil	John
	looper (sume ne 1.5c)			CM

Total Transmitt Total Sowie, Maryland